Cion Linis Louis Brings ADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly.

FOR BINDING

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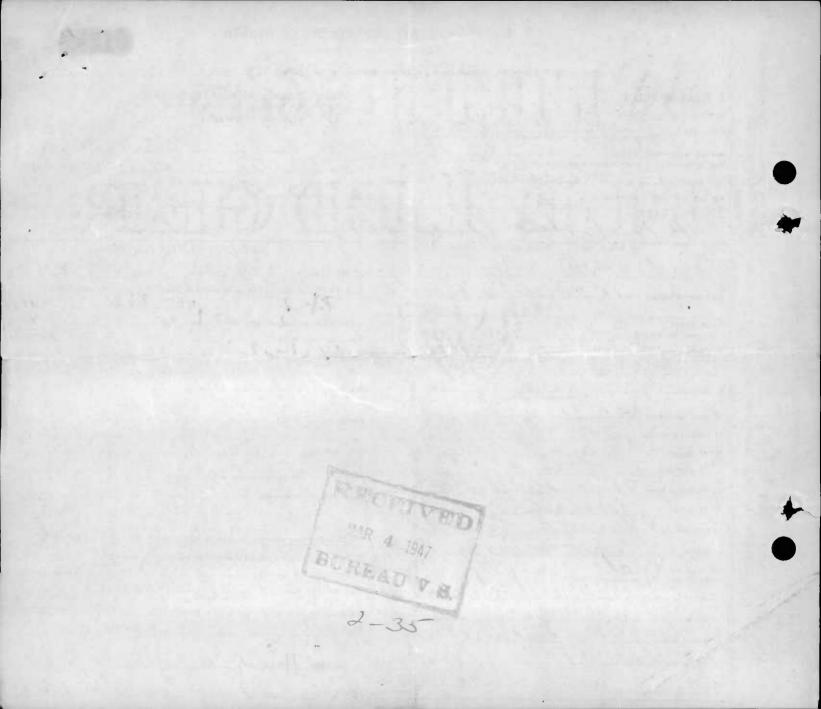
MARYLAND STATE DEPARTMENT OF HEALTH

01901

VII.5 -	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County	Street No. Rt. 1 18. Dla	County Allaga 7. J. S.
3. (a) FULL NAME Mrs. Margaret "Bose" A		3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed		CERTIFICATION y 18 47 at 3:30 P. N
6.(b) Name of husband or wife George Ly Anderson 7. Birth date of deceased (mo., day, yr.) December 5, 1884 8. AGE: Years Months Days It less than one day 62 2 22 hrs. min. 9. Birthplace Footburg Allegand Move, county, and state) 10. Usual occupation. However, and state) 11. Industry or business One home 12. Name Toba Haben Mich. 13. Birthplace Detroit, Mich. 14. Malden name Dary Jone Tennon to Move. 15. Birthplace Borden Mines, Md.	and that I last saw halive on	19.7/6 10 2 - 27 19.4) 19.7/2
16. Informant 173. 1200 To Tyree Address Rt, b, Cumber land, Md. 17. Burial Date thereot 17a/2 2, 1947. (Burial, cremation, or removal, Which?)	Aotupsy results	n which death should be charged statistically.
Cemetery or crematory Hillanest Cometery Location Compeyland, Md.	Where did injury occur?(City or tow injured at home, tarm, industry, public place	vn) (County) (State)
18. Funeral director. Phase States Address General States Color (19) Address General States (19) Address (19)	23. SIGNATURE Secure	M. D. or other Date signed 3-(-4)

MAR 4 1947 BURLAU V B.

CEI	RTIFICATI	E OF DEATH	F	Reg. Dist. No	80
1. PLACE OF DEATH: Megany		2. USUAL RESIDENCE (I	ve residence of mother)	ASED:	1131
City or town	e nearest town)	State Manyle	County	M. Galle	1
How long in above place of death?		City or town(If ontside cit;	y or town limits, write R	URAL and give new	eat town)
Hospital, Institution, or street address where death occurred:	m	Street No	(If rural, give LOCATI	tion //	KANN
How long In hospital or institution?		2.(a) If veteran, name war			
Elspbeth 18. ar	wold) Social Security 1	Vumber
4. Sex 6.(4) Single, married, widowed	ed, or divorced	ME	DICAL CERTIF	ICATION	
Figurale White Vrido	norla	20. DATE OF DEATH	b 23	18.4.2	at 8:15
6.(b) Name of hysband or with James B. a	rnold,	21. I CERTIFY, that death occurre	and the second s	that I attended decea	sed from
7. Birth date of The 11 171	goyoars	and that I last eaw h. Lacall	vo on Februs	p on	19.4
8. AGE: Years Months Days If less than on		Immediais cause of death	Marin	luge	DURATIO
9. Birthplace SCA tland, (Town, county, and atate)	s. min.	Due to			****************
10. Usual occupation. House own house		Due to			***************************************
12. Name Trymas Ritchie	2	Other conditions		•••••	
	la.	(Include pregr	nancy within 3 months of	death)	
14. Maiden name 9 / Carriary 13 lah 15. Birthplace Scuthart	P.C.	Major findings of operations			
16. Interment Thornas arm	old	Autupsy resultsPHYSICIAN: Please underline		•••••	statistically.
Address Sonaronna	1 21 101	22. VIOLENCE: If death was di	ue to external causes, fill in	n the following;	
(Burial, cremation, or removal, Which?)	i) (day) (Sear)	Zeident, sulcide, or homicide		Date of	
Cemetery or crematory OAR Hall COLIN	netery	Where did Injury occur?	(City or town)	(County)	(State)
Location Lewaconing, 9	mdy	Injured at home, farm, Industry,	public place (where?)		
18. Funeral director m. Eintho	m	Means of Injury		Injured at work?	
Address Gnaroning v	nd m Boal	23. SIGNATURE	1 Dig 1+	1 M. D. C	Tyl-14
(Date rec'd by registrar)	Registrar	Address Jin A. Cold	Just of 91	Date signed	her fine to find



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MARYLAND STATE DEPARTMENT OF HEALTH

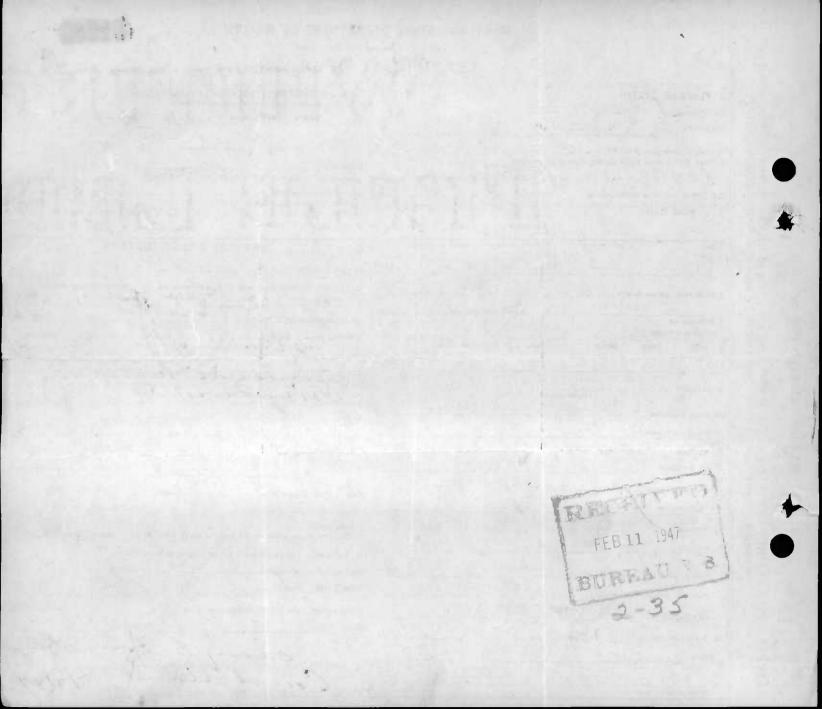
2411 N. Charles St., Baltimore

01203

CERTIFICA	TE OF DEATH Reg. Dist. No. 40
1. PLACE OF DEATH: County Allegheny Cumberland, Md. City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?. About 2 years. Hospital, Institution, or street address where death occurred: 4 4 0 What is a street with the street of the street of the street occurred: 4 4 0 What is a street where death occurred: 4 4 0 What is a street occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Garrett City or town Oakland, Maryland. (If outside city or town limits, write RURAL and give nearest town) Street No (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ella Dorcas Ault.	None.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE DF DEATH FEBRUARY 1, 1947, 21 M
6.(6) Name of huaband or wifa John Ault. Deceased	21. I CERTIFY that death occurred on the date above atated that Lattended deceased from
7. Birth date of deceased (mo., dey, yr.) February 22d, 1856	Immediate cause of death OURATION
8. AGE: Yaara Months Days It less than one day 90 11 21hrs	Welcoma 7 whs
9. Birthplace Falls City, Penn. (Town, county, and state) Retired House wife. 11. Industry or businasa	Due to Du
12. Name Martin Mitchell 13. Birthplace Falls City, Penn. 14. Malden name Martha Jane Hinebaugh	Diher conditions
15. Birthplace Falls City, Penn.	Major findings of operations
16. Informant Mrs. Edith Schlossnagle, Address Oakland, Md.	Autopsy results
17. Burial Date thereof Feb. 4/47 (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory. Oakland, Gemetery.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Oakland, Maryland. 18. Funeral director Zangalul D., Bolden	Injured at home, farm, Industry, public place (where?) Maens of Injury Injured at work?
19. Det. 4. 19. 47 J. P. Frauklin M. Registra	23. SIGNATURE M. D. or other Address Date signed 7/47

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING WRITE

PLEASE



2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

	: U	12	74
eg.	Diat.	No	8/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Willey and	State allegany
City or town	To all A TO HI
How long in above place of death?	(If outside city or jown limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 13 0 5 2 0 5
Hadgson Cline	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Sherin Lee Bal	4
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White child	20. DATE OF DEATH Feb 2 82h 19647 21
	21. I CERTIFY that death occurred on the date above stated; that t attended deceaced from
S.(b) Name of husband or wife.	Feb 17 1947, 10 Feb 26 1947
7. Birth date of	and that I last saw h. la alive on The 25 1947
deceased (mo., day, yr.) 1965, 17, 1947	Immediate cause of death
8. AGE: Years Months Days If less than one day	Francture birth
∠ ∠ //hrsmin.	*
9. Birthplace Language (Town, county, and state)	Due to
(Town, county, and state)	
1D. Usual occupation.	Due to
11. Industry or business	
12. Name Seclard Boer 13. Birthplace Gilmore, and	Dther conditions
3. Birthplace Gilmore, and	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Include pregnancy within 3 months of death)
14. Maiden name	Major findiage of operations.
15. Birthplace Westernfoot, and	Date of op.
16. Informant Richard Baer	Autopsy results
Address Frontburg and R. T. D. #1	
17 Burial Date thereof Feb 28 47	22. VIOLENCE: If death was due to externat causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory allegany Cemeters	Where did Injury Occur?
Location Frontley, and	Injured at home, farm, industry, public place (where?)
200 6000	Means of Injury Injured at work?
18. Funeral director.	51
Address Longconing md	22 SIGNATURE HEMILAN, 11-August MAIS
Hope 28 W7 Lawrotte in Gool	M.D. or other
(Date rec'd by registrar) Registrar	Address Directling Try Date signed 14 28 4/

PLEASE WRITE PLAINLY, WITH CNEADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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(Date rec'd by registrar)

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UNFADING INK. Supply every item of information carefully. The correct ant. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charle	St., Baltimore 83 a	
CERTIFICAT	E OF DEATH Reg. Diat. No. 40	
1. PLACE OF DEATH: County A LILE GANY City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME ADOLPHUS BAILEY 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	3.(b) Social Security Number MEDICAL CERTIFICATION	
MALE WHITE WIDOWED 6.(b) Name of husband or wifs. Mande Dailey 1. Birth dats of deceased (mo., day, yr.) 8. AGE: Yesrs Months Days It less than one day	20. DATE OF DEATH. F.B. 28, 1947 19 at 8:50 21. I CERTIFY that death occurred on the date above stated. That I attended deceased from 19 to 19 and that I last saw h 19 Immediate cause of death DURATIO	47 47
9. Birthplace	Due to.	r of
10. Usual occupation	Due to	
11. Industry or business 12. Name Dayley 13. Birthplace Happison County W. Va.	Diher conditions	*********
14. Maiden name 15. 6irthplace	Major findings of operations. Date of op.	2
16. Informant MEMORIAL HOSPITAL Address CUMBERLAND, MD.	Antopsy results	
11. Burial, cremation, or removal. Which?) Cemetery or crematory. H. Date thereof March (1944) Location 2 Min Has Careford Md. 1. 18. Funeral director. Labelet C. Laighthory.	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide	
Address Walstound, Ma,	23 SIGNATURED	2



01206

DR. TOLSON 2411 N. Ch	ATE OF DEATH Reg. Dist. No.
	2. USUAL RESIDENCE (HOME) OF DECEASED:
1. PLACE OF DEATH: ALLEGANY	(Far Ash Polythana se give residence of mother) ALLEGANY
CUMBERIAND, MD	State
	City or town
How long in above place of death?	
MEMORIAL HOSPITAL	Street No
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Nu
BELLAN, JOSETT MR. Craesh Bla	man/ 7/6-05-57
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 0: 45
MAI.E. WHITE MARRIED	20. DATE OF DEATH. FEBRUARY 24, 1947
MALE WHITE MARRIED EDITH BEEMAN	21. I CERTIFY that death occurred on the date above stated; that I attended decease
6.(b) Name of husband or wife. EDITE BELLIAM 52	12-27- 1846 to 2-24-
7. Birth date of	rears and that I last saw halive on
deceased (mo., day, yr.) AUGUST T2, 1072	Immediaic cause of death
8. AGE: Years Months Days /if less than one day	Carcinoma of Liver Hereaton
53 6 /hrs.	min. with setuptions in dorsely
PENNA	Due to many plotograf.
(Town, county, and state)	lings and stull
10. Usual occupation ESTAURANT MARAGESTAURANT	Due to.
11, Industry or business	
E 12. Name GEORGE BETTERN Dlaman	Dither conditions
3. Birthplace Bluknown.	(Include pregnancy within 3 months of death)
REBECCA COOK	Major findings of aperatinas.
REBECCA COOK 14. Maiden name MARYLAND 15. Birthplace	Major linguists of aperacions.
May Boamon	as about I lung a
16, Informant	PHYSICIAN: Ptease underline the cause to which death should be charged sta-
Address John SV., Jonaconing	22. VtOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Adultal Kill	Where did injury occur?
MIIONI MA	Injured at home, tarm, Industry, public place (where?)
Location Control of the Control of t	Means of Injury Injured at work?
18. Funeral director	
Address Longeoning Ind.	23. SIGNATURE TO MURAN TOLSON
tek. 27 47 V. Franklei M.	M. D. or
(Date rec'd by registrar) Regis	trar Address



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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. It is especially important. Physicians: please write the causes of death clearly and legi

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Tio-

CERTIFICATE OF DEATH

01207

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		M	V	4
	Reg.	Diat.	No.	 /

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegony	State Maryland county Garrett
Cily or town	
How long In above place of death? 2 doy 5	City or town
Hospital, institution, or street address where death occurred:	Street No.
Memorial Hospital	(If rural, give LOCATION)
How long in hospital or institution? 2 day 5	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Wallace Beckman	213-12-9104
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE White single	20. DATE DE DEATH FILE 9 1947 21 927 P.
5.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 to 19
7. Birth dale of deceased (mo., day, yr.) May 8, 1899	and that I last saw h. M. Sweet D. Fell 9 DURATION
8. AGE: Years Months Days It less than one day	Table College
47 9 1hrsmin.	
7/21/20 1/ 1/20	Grassa also fracture of left
9. Birthplace Acoldent, Garrett, Mory land.	Due to Sussession of Charles
(Town, county, and state)	prince
10. Usual occupation Sawmaill Worker	Que to besong last by a trush 5 miles
11. industry or business Shermana Berk Frazee	South of accident that 2-7-1947
12. Name Taha W. Beckman 13. Birthplace Mary land	Diher conditions
13. Birthplace Mary land	
ac 13. oringiace / 100 4 16 10 1	(Include pregnancy within 3 months of death)
E 14. Maiden name Harriett Wilson	Major findings of operations
14. Maiden name Hazri ett Wilson 15. Birthplace Mary land	Date of op.
16 informant Memorial Hospital	Autonsy results
16. Informant	PHYSICIAN: Please underfine the cause to which death should be charged statistically.
Address Cumberland, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Date Shereol Feb 12,1447 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide Ottosdest Date of 2.7-6947
(Burial, cremation, or removal. Which?) (month) (day) (year)	5 mole south of a selection of the selec
Cemetery or crematory Beckman ComoTery	Where did Injury occur? (City or town) (County) (State)
Location Pleds ant Valley, Nd.	Injured at home, farm, industry, public place (where?) humphands
10111	Means of Injury His by a truck while putinine at work? The
18. Funeral director	Topley and a
Address Cheeballand Tud.	16. 11 b) among 20. 15
+ 1 0 pt-11. 9	23. SIGNATURE To Summy M. D. or other
19. Lev. 19. 47 X. 1. Wankley, Mil	Address simples land Md Date signed 2 9/47
(Date rec'd by registrar) / Registrar	Address Date signed



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)
County	A7.7 o momes
City or town Cumberland Md. (If outside city or town limits, write RURAL and give nearest town)	
How long In above place of death? 3 years	City or townCumberland
Hospital, Institution, or street address where death occurred:	Street No. 512 Hill St.
512 Hill St.	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Jane Beckwith	None
Mary Jane Beckwith 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female colored single	20. DATE DE DEATH Feb. 1 19.47 .214.45A.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	years and that I last saw her all Pead Feb. 1 19.4.7
7. Birth date of deceased (mo., day, yr.) February 16, 1943	
8. AGE: Years Months Days If less than one day	Immediate cause of death
3 11 15hrs.	Suffocation & 3rd. degree burns. About 2 hrs.
9. Birthplace. Cumberland, Allegany Co., Md. (Town, county, and state)	Due to Bedroom caught fire while
	children were sleeping in bed.
10. Usual occupation None	Due to
11. Industry or business None	
12 Name Thomas Beckwith	Other conditions
Thomas Beckwith 12. Name Thomas Beckwith 13. Birthplace Petersburg, W.Va.	
H 14. Maiden name Mary Jane Jounger	(Include pregnancy within 8 months of death)
14. Maiden name Mary Jane Jounger 15. Birthplace Morgantown, W. Va.	Major findings of operations
16. Informant Thomas Beckwith	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 512 Hill St., Cumberland, Md.	
Burial Bate thereof 3 FEB 1947	22. VIOLENCE: If death was due to external causes, fill in the following;
(month) (day) (west	
Cemelery or crematory. Rose Hill Cemetery	Where did Injury occur? Cumberland Allegany (City or town) (County Sany (State)
location Cumberland, Md.	Injured at home, farm, Industry, public place (where?) home
Louis Stein Inc	Msans of Injury See above Injured at work?
Cumber and Md	Deducy medical Examiner - Allegany Co.
Address Gumber Tarid, Mid.	23. SIGNATURE H. V. Deming M. D. W. V. Deming M. D. O. Scher
19. Feb 3. 1947 & Franklin, M. Res	Address Careful M. D. of ther Address Careful M. Date signed 2 1 1 9 5 2



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 180

CERTIFICATE OF DEATH

#1209 eg. Diat. No. 40

			CERTIFICA	IE OF DEAT	п	Reg. Diat. No	TO
City or fown	legany berland tside city or town lif death? 2 y treet address where d ill St.	mits, write R	URAL and give nearest town)	City or town	imberland de city or town limits.	write RURAL and give nea	rest town)
3. (a) FULL NAME						3. (b) Social Security	
Thoma	s E. Bed	kwith	1			None	
4. Sex	5. Color or race	6.(a)Singi	. married, widowed, or divorced		MEDICAL CE	RTIFICATION	about
male	colored	sin	nøle	20 0175 05 054711	Feb. 1	19.4.7	2.404
			-5			e stated; that I attended dece	
6.(b) Name of husband or	wite	,		1		to	
7. Birth date of	************************	6.(6	e) If alive, give ageyears	and that I last saw hIT	n Dead	Feb. 1	19 47
deceased (mo., day, yr.	17 April	1944		Immediai- cause of death			DURATION
8. AGE: Years	Months	Days	It less than one day	Suffocation	on & 3rd.	degree	at at
2	10	13	hrs min.			burns	
10. Usual occupation 11. Industry or business 12. Name	None None	ckwith	gany Co., Md.	Children We	ere sleep	ire while ing in bed	
	Mary Tar	e Tour	ger	(Include	pregnency within 3 m	onths of death)	
14. Maiden name	Man y Jai	ie nout	M-	Major findings of operation	00\$		
14. Maiden name 15. Birthplace 16. Informant	Morganto	WIL, W.	, va.	***************************************	***************************************	Date of op	
16. Informant The	omas E. Be 2 Hill St.	ckwith, Cumb	perland, Md.	PHYSICIAN: Please mode	erline the cause to whi	ch death shoold be charged	statistically.
Burial Date thereof 3 FEB 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cemetery			Where did Injury occur?	Cumberla (City or town)	nt Date of 2. nd Allegan	y_Md.	
Location	umberland,	Md.				ere?)home	
18. Funeral director	Louis Stei	n, Inc		Maans of Injury See	above dicar exa	injured af work?	egany Co
	perland, N	0 (Franklin M. D.			D. W. V. Dam M. D.	

information carefully. Time c of death clearly and legibly. RESERVED FOR BINDING PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes MARGIN

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ADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01210 Reg. Diat. No

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Allegany	State Md. County Allegany		
City or town Cumberland Md. (If outside city or town limits, write RURAL and give nearest town)	han I mad much		
How long in above place of death? 5 years.	(If outside city of town limits, write RUMAL and give hearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 512 Hill St.		
512 Hill St.	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
William E. Beckwith	none.		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION about		
male colored single	20. DATE OF DEATH Feb. 1 19.47 , 21.2.40A.		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	and that I last saw h im all Dead Feb 1 19.47		
7. Birth date of deceased (mo., day, yr.) 5 July 1941			
8. AGE: Years Months Cays If less than one day	Suffocation & 3rd burns at		
5 6 26hrsmin.			
	Oue to Bedroom caught fire while		
9. 8irihplace Cumberland, Allegany Co., Md.	children were sleeping in bed		
None	Culturen were steeping in occ		
10. Usual occupation	Oue to		
11. Industry or business			
Thomas E. Beckwith 12. Name Petersburg, W.Va.	Other conditions		
Petersburg, W.Va.	(Include pregnancy within 3 months of death)		
14. Malden name Mary Jane Jounger			
14. Malden name. Mary Jane Jounger 15. Birthplace Morgantown, W.Va.	Major findings of operations		
	Date of op.		
16. Informant Thomas E. Beckwith	Autopsy results		
Address 512 Hill St., Cumberland, Md.			
	22. VIOLENCE: If death was due to external causes, fill in the following: Accident suicide or homicide. Accident. Date of		
17. Burial Date thereof 3. FEB 1947 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory. Rose Hill Cemetery	Where did Injury occur? Cumberland Allegany Md. (City or town) (County) (State)		
Cumbon and Md	Injured at home, farm, industry, public place (where?)		
	Means of Injury See above Injured at work?		
18. Funeral director Louis Stein, Inc.	beputy red car Examiner - allerany		
Address Cumberland, Md.	23. SIGNATURE H. V. Deming M.D. H. V. Dring h D		
1 1 1 2 2 1 1 1 2 2			
(Date rec'd by registrar) 19 47 J. P. Trauklin, M.D. Registrar	Address Combuland md Date signed 3 -/- 1947		

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Within corporate limit. MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 159 CERTIFICATE OF DEATH Reg. Diat. No .. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County alleaner (If outside city or town limits, write RURAL and give nearest autside city or town limits, write RURAL How long in above place of death?..... Hospital Institution, or street address where death occurred (If rural, give LOCATION) How long in hospital or institution? 2.(a) If veleran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race! 6.(a) Single, married, widowed, of divorced 4. Sex MEDICAL CERTIFICATION 20. DATE OF DEATH FEBRUARY 2 19 47 at 4100 P M 21. I CERTIFY that death occurred on the date above stated; that i attended deceased from every it S.(b) Name of husband or wife..... ADING INK. Supply eve Physicians: please write 7. Birth date of deceased (mo., day, yr.) Immediais cross of death. Davs 8. AGE: RESERVED 1D. Usual occupation MARGIN 1t. industry or business 13. Birthpiace (Include pregnancy within 3 months of death) 14. Maiden name. Major fiediogs of operations..... 15. Birthplace t6. Informant .. PHYSICIAN: Please ooderline the caose to which death shoold be charged statistically PLAINI is especi Address 22. VIOLENCE: If death was due to external causes, fill in the following: (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... Where did Injury occur? (City or town) (County) Injured af home, farm, Industry, public place (where?) Injured at work? Means of Injury 18. Funeral director. Date rec'd by registrar)

Below the sent E 1101 197 --- E.

correct age

UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly.

important.

WRITE PLAINLY, is especially

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

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CERTIFICATE OF DEATH

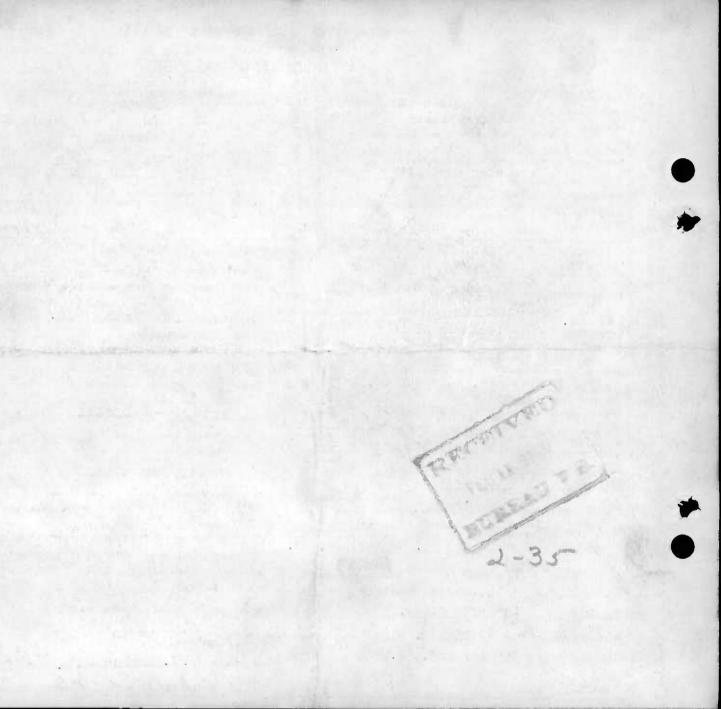
			1/7
Reg.	Dist.	No.	4.0

1. PLACE OF DE	ATH:	Allegany	2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
County	Cumb	erland	state Maryland	county Allegany	***************************************
(If	outside city or town lim	its, write RURAL and give nearest town)	Cumberlan	ıd	
How long in above place	e of death?	ife	City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)		
Hospilal, Institution, o.	r street address where de	ealh occurred:	Street No. 465 Independence St		
40	465 Independence St		(If rural, give LOCATION)		
How long in hospital o	r institution?		2.(a) It veleran, name war		
3. (a) FULL NAM				3. (b) Social Security	
		Bockhouse			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Male	White	Widowed	20. DATE OF DEATH Februar	y 2 19 47	4-30 Pm
6,(b) Name of husband	or wife Bessi	e Davis	21. I CERTIFY that death occurred on the date	above stated; that I attended dec	eased from
			and that I last saw h. im alive Dead	18 to	19
7. Birth date of deceased (mo., day,	vo Decemb	er 31 1875			
8. AGE: Year		Days It less than one day	Immediate cause of death		at
71	# 1	1hrs. min.	Coronary thromb		
9. BirthplaceCu	mberland, A	llegany Co, Maryland	Bue to		
		ass Worker	Due to Arterio-scler	asis	several
11. Industry or busine		nd Glass Works	Due to		years
₩ 12 Name		lm Blockhouse	Other conditions		
12. Name		ermany			
		lters	(Include pregnancy within		
14. Maiden name 15. Birthplace			Major findings of operations	••••••••	
		many		Bate of op	
16. Intermant	iss Elsie I	Bockhouse	Antopsy results		
Address 465	Independenc	e St. Cumberland, Md.	PHYSICIAN: Please underline the cause to	which death should be charged	statistically.
			22. VIOLENCE: It death was due to external		
17(Burial, cremation	n, or removal. Which?)	Date thereot Feb 5 1947 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or cremat	ory St Lu	kes Cemetery	Where did Injury occur?(City or tow	n) (County)	(State)
Location	Cumberla	nd, Md.	Injured at home, tarm, Industry, public place		
		am H. Kight	Msans of Injury	Injured at work?	
Address		and. "d.		11.00 8	- 2)
1 /	,	0 05/ 11. M	23. SIGNATURE H. V. Deming	H.D. H. K. De	or other
19. (Date rec'd by re	19 /	J. P. Wauklu M. Registrar		944 Data signed	

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information carefully of death clearly and

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 17

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DR.A.JONES

CEDTICICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH NY County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) WEST VIRGINIA State RIDGELEY City or town (If outside city or town limits, write RURAL and give nearest town) Street No. ROUTE I (If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME V/M. HOWARD BURKHART	3. (a) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced SINGLE	MEDICAL CERTIFICATION FEBRUARY 25,1947 12;44 A.M.
6.(b) Name of husband or wits 7. Birth date of deceased (mo., day, yr.) 8. AGE: Yeara Months Days It less than one day 9. Birthplace	21. I CERTIFY theretash occurred on the date above stated; that i attended deceased from 15.
12. Name	Other conditions
Location 18. Funeral director A. M. Stand Address 19. (Date rec'd by registrar) Registrar	Where did Injury occur? (City or town) (County) (State) Injured at home, tarm, Industry, public place (where?) Means of Injury thijured at work? 23. SIGNATURE Ut Leve T M. D. or other Address 1.0. 5. Centre 5 to Date signed 2-25-47

MARGIN RESERVED PLAINLY, vis especially WRITE PLEASE

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FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

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				ΓΕ OF DEATH	Reg. Diat. No	40
City or town	imberland outside city or town line of death?	mits, write R death occurred ne)Fe	URAL and give nearest town) Il dead on Kitchen floor	2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of State	mother) Allegany s, write RURAL and give ne	earest town)
3. (a) FULL NAM	E				3. (b) Social Security	Number
	cis Jose	ph Ca	rbine e, married, widowed, or divorced	TANDIGAL G	None	
4. Sex male	White		rried	MEDICAL C. 20. DATE OF DEATH Feb. 22	ERTIFICATION	7 at 11 . 30A
***************************************			ey Carbine c) If allve, give age	21. I CERTIFY that death occurred on the date about	ove stated; that I attended dec	eased from 19
	yr.) Jan.	12,18	372	Immediate cause of death		OURATION
8. AGE: Year 75	s Months	Days 10	If less than one dayhrsmin.	Coronary occlusi	on	at
1D. Usual occupation.	Mt. Sava	ecounty, and	Md.	Oue to. Arterio-sclero	sis	
H 12. Name	Martin Canad	arbino la	2	Dither conditions		***************************************
14. Maiden name	Baltimo	rine l re, Mo	McQuade	Major findings of operations		
16. Intermant MY	s. Mary	Carne	y Carbine umberland, Md.	Antopsy results	hich death should be charge	
Burial (Burial)	n, or removal. Which?)	Date ther	eof Feb. 25, 1947	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	Date ot	
			& Pauls	Where did injury occur?(City or town) Injured at home, farm, industry, public place (v	(County)	(State)
Location	umpertan	I, M	1,	injured at nome, farm, industry, public place (merci)	

9-45-15M

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19.

202 Greene St. Cumberland, Md.

Charles L. George

23. SIGNATURE H. V. Deming

Means of Injury

M.D. H.V. Dening

Injured at work?

M. D. omether

Date signed 2 2 3/4/7...



ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore BJ

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CERTIFICATE OF DEATH

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DURATION

-3 years.....

_			Keg. Disc. 110
1. PLACE OF DEATH: Alle	gany	2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED: mother)
County	perland	state Maryland con	
City or town.	imits, write RURAL and give nearest town)		
		City or town	write RURAL and give nearest town)
How long in above place of death?	death occurred:	Street No. 214 Oak St.	s, write MOMAD and give hearest www.
Hospital, Instilution, or street address where	St.,	Street No. 217 02A 00 •	LOCATION
How long in hospital or institution?	••••••	2.(a) If veteran, name war	
3. (a) FULL NAME			3. (b) Social Security Number
	e Herman Carroll		705-12-32
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICALC	ERTIFICATION
Male White	Married	20. DATE OF DEATH	19. 47 at 11.
6.(b) Name of husband or wife Irene	Wiley Carroll	21. I CERTIFY that death occurred on the date ab	ove etated; that I attended deceased from
		2 410 19	to
T Right date of	6.(c) If alive, give ageyear	and that I last saw h some alive on Te	19
deceased (mo., day, yr.) Ma	y 12,1893	Immediate cause of death	DUR
8. AGE: Years Months	Days If less than one day	Coronary seems	
53 8	26hrsmin		
Pluemont	Vo	Due to Myocarditis	41
9. Birthplace Bluemont, (Town,	eounty, and state)		
10. Usual occupation Car Re	enairman		Guya.
D 0	O. R.R. Co.	Due to	
11. Industry of outsiness			
12. Name George W	. Carroll	Dther conditions	
13. Birthplace Va.			
	-11 - b m 17. h.	(Include pregnancy within 8	months of death)
		Major findings of operations	·····
S 15. Birthplace Va .			Date of op
16. informant Mrs. Irene	Carroll	Autopsy results	
		PHYSICIAN: Please underline the cause to w	hich death should he charged statistically
	Cumberland, Md.	22. VIOLENCE: If death was due to external ca	uses, fill in the following:
Burial	Date thereof Feb. 11,194" (month) (day) (year)	Accident, suicide, or homicide	
Burial, cremation, or removal. Which?	(month) (day) (year)		
Cemetery or crematory	vville Cem.	Where did injury occur?(City or town)	(County) (State)
Repris	ville, Va.	Injured at home, farm, industry, public place (v	/here?)
Chanle	s L. George	Means of Injury	Injured at work?
ID. Fulleral ulrectol		111 9RM	
Address Cumber	land, Md.	23. SIGNATURE	wers m. D. or other
to 11-	OP Tractli MA	23. SIGNATURE	M. D. or other One Date signed 2/9/
19. Date rec'd by registrar)	Registra	Address 133 Virgen	ware Date signed 2/9/

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2411 N. Charles St., Baltimore 46-8)



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CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County allegany	(For newborn infants give residence of mother)
City or town. Courside city of cown limits, write RUAL and give nearest town)	
How long in above place of death? #5 74410	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
My. Dandage	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Still lilder	Coesona none
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Finish White Widowed	- 20. DATE OF DEATH JEDONGS 5 1947 21 10:15 A.
()	21. CERTIFY that death occurred on the date above stated: that attended deceased from
6.(b) Name of husband or wife Change Only	James 20 = 18 47, 10 Jebruy 5 19 47
7. Birth date of	ars and that I last saw h & alive on February 5 1947
deceased (mo., day, yr.) 2 774. 1879	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Immediate Cluse of death
67 3 5mi	1 Carcusana Stourach & near
E last & College with	No Due to
9. Birthplace(Town, county, and atate)	7.2) Sue 10
10. Usual occupation. Danser of	Due to.
11. Industry or business	0
	Diher conditions Carculous hive
12. Name County 13. Birthplace Va.	Mesutine Glands.
	(Include pregnancy within 3 months of death)
14. Maiden name Colleges Value Vinkel	Major findings of operations.
El 15. Birthplace // a.	Date of op.
16. Informant Mrs may better	Autopsy results.
Address 177 Trachible I a Usra	PHYSICIAN: Please underline the cause to which death should be charged statistically.
13 1 2 -8-194	7 22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, eremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
Location Int Scrapeles my	Injured at home, tarm, Industry, public place (where?)
	Msans of Injury Injured at work?
1B. Funeral director	1 6
Address J Hesting, Ind	- 23. SIGNATURE William E. Mosely
10 Feb. 7 - 1049/ Venorusa Tat Varmet	M. D. or other
19. (Pote pro'd by recistors)	or Address // Howage Md Bate signed -17-19

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE

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FEB 18 1947
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MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH



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Reg.	Diat.	No
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1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Clay County Clay County City or town is mits, write RURAL and give nearest town) Street No	
3. (a) FULL NAME Baby Girl Celay	Ton 3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Fernale white Infant	MEDICAL CERTIFICATION 20. DATE OF DEATH 2 - 20 - 19 4 11 32 1	
6.(b) Name of husband or wife	21, I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4., to 19.4., and that I last saw h 4	
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death true Renal 4 2 DURATION 2	
9. Birthplace County, and state) 10. Usual occupation.	Due to.	
11. Industry or business 12. Name James Collayton 13. Birthplace W. VA. 14. Maiden name Olice Volute	Dther conditions have or the heading linelade pregnancy within 3 months of death)	
14. Maiden name. Alice volule 15. Birthplace W: VA. 16. Intermant. James Clayton	Major findings of operations	
Address Oresaptown, Md. 17. Burial Date thereot Fals 21, 1947 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, filt in the following; Accident, suicide, or homicide	
Cemetery or crematory Hillcrest Cem. Location Squarbuland Ind.	Where did injury occur?	
18. Funeral director. Otracles L. George. Address, Oumbyland, Jud.	Means of Injury Injured at work? 23. SIGNATURE M. D. or other	
19. The roof of hy roof of or) 19 47 X. T. Wantelin a. L. Registrar	Address Jg Freen M. D. or other Date signed 2 21 4)	





2411 N. Charles St., Baltimore (131-6)

CERTIFICATE OF DEATH

V1219.

Reg. Dist. No. 90

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	Stat Maryland County allegany
(If outside city or town limbs, white JURAL and give neaffet town)	1-70m+6.00
How long In above place of death?	(If bottside city of Town limits, write RUHAL shot ave nearest (wn)
Hospital, Institution, or street address where death natured:	Street No. 122 Juster Jurees
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
James Joseph (oner	ay none
4. Sex 5. Polor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
wale white Lingle	20. DATE OF DEATH Fek 13 19 47 at 4 P.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age	19 44 to 5 19 42
7. Birth date of 2000 000 1 1 2 2 10 2 1	and that I last saw based alive on 19.4.
deceased (mo., day, yr.) Months Days If less than one day	Immeditie cause of death DURATION
15 10 20 hrs. min.	SALLY SALLY
In the De allegan md	9,200
9. Birthplace (Town, sounty, and state)	Due to
1B. Usual occupation	Que to.
11. Industry or business Rublich school	
12. Name Oures onway 13. Birthplace Amaconia Tra.	Dther conditions
3 13. Birthplace Amaconing That	(Include pregnancy within 3 months of death)
14. Maiden name Manager masager 15. Birthplate Sonaconing Md.	
W 15 Rightnigh Day & Carrier MAI	Major findings of operations.
War and Consider	Autopsy results.
16. Intermant	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address / Costoning of the	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal. Which?) Date type (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory (14 Michaela)	Where did Injury occur?
Location Fristling Ind	Injured at home, farm, industry, public place (where?)
O Minst	Meens of Injury Ipjared at work?
18. Funeral director	111 2m 0/ 1 (11)
Address Thostang ma	23. SIGNATURE M. D. orether
19. 2-18 19 47 Mi Kally N. 186	1-A- Herica (mill) 3-15+4)
(Date rec'd by registrar) Registrar	Address Date signed Date signed

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correcting is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

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Reg.	Diat.	No.	 	 7

CERTIFICAT	E OF DEATH Reg. Diat. No.	******
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Eor rewborn infants give residence of mother) State	
How long in above place of death? Hospital, Institution or street address where death occurred: How long in hospital or institution.	(If outside city or town) limits, write RURAL and give nearest town. Sirect No	
3. (a) FULL NAME Rellie L. Conwo	3. (b) Social Security Number	
4. Sex 5. Color or rage 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE OF DEATH # 18 47 at 6	30/
6, (b) Name of husband or wife 6. (c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 24. 18. 47, to Feb. 10	4.00
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day		RATION
9. Birihplace		3 da
11. Industry or business 12. Name Survey 13. Birthpace 9 reland 14. Maiden name Ellan Geary	Dither conditions	
14. Maiden name Ellan Geary 15. Birthplace 16. Informant De Commany Address Commission Address	Autopsy results	
17. (Burial, cremation, or residual, Which?) Cemetery or cremators of the control of the contro	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
18. Funeral director Como Stein One Address Comberland	Injured at home, farm, Industry, public place (where?) Maans of Injury Injured at work?	D
19. Lel 12 19 47 J. P. Frauklin, M. M. (Date rec'd by registrat)	Address Cumberland, Md. Date signed 2-12	2-47



correct age

Supply every item of information carefully. The ease write the causes of death clearly and legibly

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Extracelled the second s	
County	State manyland County Alley	any.
(If outside city or town limits, write RURAL and give nearest town)	City or town Corriganing	/
How long in above place of death?	City or town(1f outside city or town limits, write RURAL and g	give nearest town)
Hospital, institution of street address where death observed:	Streel No. (If rural, give LOCATION)	
How long in hospital of institution?	2,(a) II veteran, name war.	
3. (a) FULL NAME		
3. (a) FULL HAME	3. (b) Social Se	curity Number
4. Ser) 5. Color of pace 6.(a) Single / harried, widowed, or divorced	MEDICAL CERTIFICATIO	M
Comple White Sanda		11 043
mad wind frigg	2D. DATE DF DEATH. JUNEAU 19.	
6.(b) Name of husband or wile	21. I CERTIFY that death occurred on the date about stated; that I attend	receased from
	2-7-47 19 10 2-1 and that I last saw h im alive on 2-18-47	. 7. 7. 19
7. Birth date of deceased (mo., dsy, yr.)	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day	immediate Cluse of death	Dollation
hrs.	min. Fractured left femur	12 da
9. Birthplace bumberland Ind.	Due to	
(Town, county, and state)	Coronary occlusion	Sudden
1D. Usual occupation	Due to	
11. Industry or businass		
12. Name Inalthur Congan. 13. Birthpiace Inland.	Other conditions	
13. Birthplace Inland -	(Include pregnancy within 3 months of death)	
14. Maiden name Some Bassey 15. Birthplace 9 Selling	Major findings of operations.	
E 15 Rirthplace a Galland	Major nadings of operations	n
Brate / Shorpinga	Antopsy results.	P
16. Informant Land Card	PHYSICIAN: Please underline the cause to which death should be	charged statistically.
Address Ounterland May	22. VIOLENCE: Il death was due lo external causes, Ilil in the loilowing	
(Burial, cremation, or removs), Which?) Date thereof(month) (day) (year),	Accident, sulcide, or homicideaccident Date of	1.2-7-47
Cemetery or crematory Al Patrishs Cim	Where did Injury occur? Cumberland, Alleg	any, Md.
Conne Realised	Injured at home, farm, Industry, public place (where?)	
Location	Msans of Injury Slipped a fell injured at wo	
18. Funeral director ATMO Shirm Inc.	000	(h.)
Address Comolysland.	S3. SIGNATURE	190
Jel 21 , 47 & Proposeling	M Cumberland Md.	M. D. or other
(Date ree'd by registrar)	trar Address Date	signe

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PLAINLY, WITH UNF. is especially important.

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore (95-8)

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Reg. Dist. No. ...

	•	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Williamy 1 1 1	marche de 1000 agas	M
(If outside city or town limits, write RUR L and give nearest town)	Slate Copnly Copnly	1
w long in above place of death?	City or town (1 outside city or town limits, write RURAL and give new	est town)
spilai, institution, or street address where dath occurred:	Street No. Hazen Rd.	
Hazen Utd.	(If rural, give LOCATION)	****************
w long in hospital or institution?	2.(a) If veteran, name war.	
(a) FULL NAME	3. (b) Social Security N	umber
Charles William	1 Cross 714-05-4	4601
5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
hale white married	20. DATE OF DEATH LL & 19.47	50
Busia On Organ.	21. I CERTIFY that death occurred on the date above stated: that I attended deceas	ed from
(b) Name of husband or wife	1-3-1044 10 2-8	
Birth date of	and that I last saw halive on	19
deceased (mo., day, yr.) / 13 /384	Immediate cause of death	DURATIO
B. AGE: Years Months Days If less than one day	01. 1. 1.	
62 6 25min		1 den
, sirthplace Examples land and,	Due to.	
(Town, eounty, and state)	alwalin	2 Jea
O. Usual occupation Matchesian	Que to.	
1. Industry or business B & O Ry.		***************
41 (1.1)	Mlumatu Klant	1011
12. Name	/	
[13. Birthplace Proc.	(Include pregnancy within 3 months of death)	
E 14. Maiden name Tellie Flaga	Major findings of operations	
14. Maiden name. Allie Junga. 15. Birthplace Sand.	Oate of op.	
16. Informant Pros Bessie In. 6 siss.	Autopsy results.	
1 da 10 1 Pol	PHYSICIAN: Please underline the cause to which death should be charged at	tatistically.
Address Prizer Id.	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or remove). Which?	Accident, suicide, or homicide	
M Julaia ta lanal	Where did injury occur?	/CA- 6->
Cemetery or crematory		(State)
Location Montesland ma	injured at home, farm, Industry, public place (where?)	
18. Funeral director Louis Stein Ona	Means of injury Injured at work?	
Address Combestand Sol	Ms. In	
4 1 11 O O T	23. SIGNATURE M. D. or	other
19. J.W. // 19 47 J. 1. Orsuplein U. A		2-10-
(Date rec'd by registrar) / Registrar	Address	

Or Levis Brings

FEB 18 1947

MARYLAND STATE DEPARTMENT OF HEALTH

CEDTIFICATE OF DEATH

		40
eg.	Diat.	No.

2411 N. C	Charles St., Baltimore 466
CERTIFIC	CATE OF DEATH Reg. Diat. No.
County City or town (If outside city or town Impits, write RUNAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (Expression infants give residence of mother) State MALL ASSA County Lagrange City or town
Hospital, Institution, or street address where death occurred:	Street No. 668 Saughan ave
How long In hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME atlanta Poland Cut	13. (b) Social Security Number
4. Sex S. Color or race (6.(a) Single, married, widowed, or divorced Terrace White Oridorea	MEDICAL CERTIFICATION 2D. DATE DF DEATH
6.(b) Name of husband or mits Jucht Contter	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., 427, pr.) 41eb. 24, 1870.	and that I last saw h. A. alive on F. C
8. AGE: Years Months Days It less than one day 76 // 27hrs.	Immediate cause of death Carthy Duratil
9. Birthpiace 242 Reviouse (Town, county, and state)	Due to
10. Ueual occupetion. House work 11. Industry or business Own home,	Due to
12. Name Poland 13. Birthplace Unknown 2	Diher conditions
14. Maiden name Vettie M. Kennyie 15. Birtholace Anknown	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant nus m. Raymond Cola	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Servey Server 24/9 17. Burial remation, or removal, Which?) Bate thereof Feb. 24/9 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Cemetery or crematory Alla American	Where did injury occur? (City or town) (County) (State)
18. Funeral director M. Sichhorn	Injured at home, tarm, industry, public place (where?) Means of Injury Injured at work?
Address macuning and	23. SIGNATURE JEMMA DA Hood 200 by 10.
(Date rec'd by registrar)	istrar Address Livedown Jan Date signed Tily in 3

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AR 3 1947 REAU V 3 correct age

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

PLAINLY, WITH UNF, is especially important.

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VS A15

DR. JOHNSON, JR.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

3	01224
Reg. Dist.	No. 4

CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLAGE OF DEATH: County ALLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State WEST VIRGINIA County Mulkal City or town RIDGELEY (If outside city or town limits, write RURAL and give nessest town)
How long In above place of death?	(If outside city or town limits, write RURAL and give nesrest town) Street No. 12 JOHN ST. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME MR. STEFANO DE STEFANO	3. (b) Social Security Number
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE MARRIED	20. DATE DE DEATH FEBRUARY 8, 1947 19 al2:08 A
6.(b) Name of husband or wife JENNIE RICCIO 6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above etated: that I attended deceased from \$19.47. and that Last saw h
8. AGE: Yeare Months Days It less than one day 65 3 2hrsmin.	Indudais cause of deat Fufertion, Coletie One coul
9. Birthplace	Due to.
12. Name JOSEPH STEFANO 13. Birthplace ITALY	Dther conditions
14. Malden name Felicia DeSena Italy	(Include pregnancy within 3 months of death) Major findings of operations.
16. Interment MEMORIAL HOSPITAL	Autopsy results. PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address CUMBERIAND, MD. Burial (Burial, cremation, or removal. Which?) Cemetery or crematory Bate thereof Feb. 11, 1947 Peter & Pauls	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cumberland, Md.	Injured at home, farm, Industry, public place (where?)
Charles L. George 18. Funeral director Cumberland, Md.	Meane of Injury Injured at work?
Address	on SIGNATURE of V. John Son of W. J.
19. Let Day 19 47 J. Franklin M. D. Registrar	Address



ADING INK. Supply every item of information carefully. The cophysicians: please write the causes of death clearly and legibly.

PLAINLY, WITH UNF is especially important.

WRITE

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (937)

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CERTIFICATE OF DEATH

Reg.	Dist.	No.	41
accept.			

1. PLACE OF DEATH		l a con terr		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County				State Maryland county Allegany
City or town (If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)	*****
How long in above place of death?			Years	Cresaptown (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street	t address where	death occurred:		Street No
	Syl	van het	reat	(If rural, give LOCATION)
How long in hospital or instit	tution?	II Iea	T. 9	2.(a) It veteran, name war
3. (a) FULL NAME				3. (b) Social Security Number
	A	aron A	Dever	None
4. Sex 5. 6	olor or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION
Male 1	White	W	idowed	20. DATE OF DEATH Feburary 12 19 47 at 1 F
6.(b) Nams of husband or wit	le .	Hannah	Kimble	21. I CERTIEY that death occurred on the date above stated; that I aftended deceased from
) If alive, give age	Dzc. 3 1946 10 726, 12 1947
7. Birth date of				and that I last saw h.J.F.Talive on
deceased (mo., day, pr.)	July	30 1	If less than one day	Immodise couse of death Countries of death of the Suine
o, Ade.				Couts injoinaid talut suit
76	6	12	hrs.	
9. Birthplace Jordon	Birthplace Jordons Run, Grant Co, West Virginia (Town, county, and state)			& Bue to Chronic pup landites / /242
10. Usual occupation		Farmer		
		Farming		Due to
11. Industry or business				
	T7	incinio	***************************************	Other conditions
13. Birthplace		irginia		(Include pregnancy within 8 months of death)
H 14. Malden name	Hann	ah Kimb	le	Major findings of operations
S 15. Birthplace	Grant	Co, Wes	t Va	Bate ot op.
14. Malden name	ster S.	Dever		Autopsy results.
Address Rt,				PHYSICIAN: Please underline the cause to which desth should be charged statistically.
				22. VIOLENCE: It death was due to external causes, till in the following;
17. Buria (Burial, cremation, or r	emoval. Which	Date there	ot 2/15/47 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Hi			Where did Injury occur?
			. Md.	
			Kight	Msens of Injury Injured 2t work?
Address		rland,		Cathur F. Dones M. D.
, 1			0 to 10: m	23. SIGNATURE M. D. or other
19. (Date rec'd by registra	194	of Jenter	Regis	atrar Address 110 3. Coupre 3t. Date signed 2-14-47

EB18 1947

1. PLACE OF DEATH:

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information carefully.

ADING INK. Supply every item of i Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /59

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

Reg. Dist. No...

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	1	1			
	8-	7		u	

County	State Maryland County Allegany City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: Allegany Hospital How long In hospital or Institution? Il days	Street No. (If rurs), give LOCATION) 2.(a) It veleran, name war.
3.(a) FULL NAME Robert Randall Dobson	3. (b) Social Security Number None
Male White Single Single	MEDICAL CERTIFICATION Feb. 28, 47, 1:50A.
6.(b) Name of husband or wife	
8. AGE: Years Months Days If less than one day O 0 11hrshrs.	Immediair cause of death Medinitis tion DURATION
S. Birthplace Cumberland, Md. (Town, county, and state) 1D. Usuai occupation. None	Due to
11. Industry or business Industry or business 12. Name Francis J. Dobson 12. Name St. Paul Minn. 13. Birthplace St. Paul Minn.	Other conditions.
14. Maiden name Anna May Randall 15. Birthplace Sharon, Penna.	(Include pregnancy within 3 months of death) Major findings of operations
Mrs. Francis J. Dobson Address Rural Cumberland, La Vale, Md.	Antopsy results PHYS1C1AN: Please underline the cause to which death should be charged statistically.
Burial Date thereof Mar. 1, 1947 (Burial, eremation, or removal, Which?) Cemetery or crematory. Zion Memorial Cem.	22. V10LENCE: it death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Cumberland, Md.	tnjured at home, tarm, industry, public place (where?) Means of Injury injured at work?
18. Funeral director H. Wayne George Address Cumberland, Md. 18. March 1, 18.4.7. 2. P. Franklin M.A.	23. SIGNATURE & Phings M.D. or other 3-1-47
(Date ree'd by registrar) Registrar	Address Theene (1) Oate signed 3-1-4)

MAR 4 1947 BULLAT V.S. correct age

of death clearly and information

ADING INK. Physicians: 1

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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E OF DEATH

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Diat.	No			4

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			CERTIFICAT	I
How long In hospital or	All Cum utside city or town of death?	iberlan limits, write R 10 day e death occurred Hospit	al	
3. (a) FULL NAME		Filen	Fran	
4. Sex	5. Color or race	6.(a)Single	Egan	
Female	White		Widowed	į
6.(b) Name of husband	or wife Jo	hn S.	Egan	
7. Birth date of deceased (mo., day, y	r.) D	ecembe	r 8, 1860	
8. AGE: Years 86	Months	Days	If less than one dayhrsmin.	
9. Birthplace 10. Usual occupation 11. Industry or business	Hou			
12. Name		O'Don	nell	
14. Malden name t5. Birthplace	Mary B	roderi land	ck	
16. Informant Mrs	. Wm. G	. Beie	r	
Address 107	Greene	St. Cu	mberland, Md.	
17 Buris (Burial, cremation,			of Feb 24,1947	
Cemetery or cremator				ļ
tB. Funeral director				I
Address	Cumbe	rland	Md	
19. Feb. 2. (Date rec'd by reg	2, 1947	J. T.	Franklin, W. D.	

(T.ot members mirgare Rive Legidence of	OF DECEASED:	-
state Maryland	ounty Allega	ny
City or town Cumberlan (If outside city or town lim	đ	
Street No. 107 Greene		
	ve LOCATION)	
2.(a) If veteran, name war		
	3. (b) Social S	ecurity Number
		ne
	CERTIFICATIO	
20. DATE OF DEATHFeb.	20, 1	47 10:05A
21. I CERTIFY that death occurred on the date a		
and that I last saw h. e. r. alive on2	-20-47	t9
Immediate cause of death		DURATION
Hypostatic Pneu	monia	3 da.
Laceration scalp		9 da
		9 da
Laceration scalp		9 da

22. VIOLENCE: If death was due to external causes, fill in the following;

23. SIGNATURE

Accident, suicide, or homicide.....accident Where did injury occur?Cumberland.,....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Home Injured at home, farm, Industry, public place (where?) ...

down steps injured at work? Meens of Injury Fell

no

Cumberland, Md. Date signed 2-22-47...

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1. PLACE OF DEATH:

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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2. USUAL RESIDENCE (HOME) OF DECEASED:

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CERTIFICATE OF DEATH

County Allegany City or town. Clumberland Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Respital, instytyfon, a street address which death scurred: William C. Fier 4. Set S. Color or race S. Color or	arest town) Number
How long in above place of death? Hospital, instityfron, a street address which death foured: William C. Fier 4. Sex S. Color or race	Number
Hospital, institution of street address whose death scurred: March Company Comp	Number
How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security 214-05-9304 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 20. DATE OF DEATH. Re.b. 8. 19.47. 21. I CERTIFY that death occurred on the date above clated; that I attended dec 19. to 19	Number
Now long in hospital or institution? 3. (a) FULL NAME William C. Fier 4. Sex S. Color or race S. (a) Single, married, widowed, or divorced Male White Warried 1. Sabelle Nesbitt S. (c) If allve, give age S. (c) If allve, give age S. AGE: Yeare Months Days If less than one day S. Birthplace Barton, Allegany Co, Maryland Town, county, and state) Fanitor 1. Industry or business Cellenese Corp 12. Name William Fier Universely and the state of death. Chronic Myocarditis Due to. Where conditions Other conditions Other conditions Other conditions Other conditions Other conditions Other conditions	Number
William C. Fier 4. Sex	
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Male White Warried 6. (b) Name of husband or wife Isabelle Nesbitt 7. Birth date of deceased (mo., day, yr.) Warch 2 1886 8. AGE: Yeare Months Days If less than one day 60 11 6 Maryland 9. Birthplace Barton Allegany Co Maryland 10. Usual occupation Far of the side of the side above efated; that I attended decomposition 11. Industry or business Cellenese Corp 12. Name William Fier 13. Birthplace Barton Med MEDICAL CERTIFICATION Diagram Fier Diagram Fier Diagram Med Control of the date above efated; that I attended decomplete 12. Lorer IF Death Feb. 8 13. Lorer IF Death Feb. 8 14. Agram Section Section Section 15. (c) If allve, give age 6.0 years 26. (d) Mare of husband or wife Section Section Section Section 27. Lorer IF Feb. 8 19.4 7 28. Lorer IF Section S	
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Male White Warried 6. (b) Name of husband or wife Isabelle Nesbitt 7. Birth date of deceased (mo., day, yr.) Warch 2 1886 8. AGE: Yeare Months Days If less than one day 60 11 6 Maryland 9. Birthplace Barton Allegany Co Maryland 10. Usual occupation Far of the side of the side above efated; that I attended decomposition 11. Industry or business Cellenese Corp 12. Name William Fier 13. Birthplace Barton Med MEDICAL CERTIFICATION Diagram Fier Diagram Fier Diagram Med Control of the date above efated; that I attended decomplete 12. Lorer IF Death Feb. 8 13. Lorer IF Death Feb. 8 14. Agram Section Section Section 15. (c) If allve, give age 6.0 years 26. (d) Mare of husband or wife Section Section Section Section 27. Lorer IF Feb. 8 19.4 7 28. Lorer IF Section S	
Male White Married 5.(6) Name of husband or wife Isabelle Nesbitt 7. Birth date of deceased (mo., day, yr.) 8. AGE: Yeare Months Days If less than one day 60 11 6 hrs. min. 9. Birthplace Barton, Allegany Co, Maryland (Town, county, and state) 4 anitor 10. Usual occupation. 11. Industry or business Cellenese Corp 12. Name William Fier 13. Birthplace Barton, Md.	
S.(b) Name of husband or wife. Isabelle Nesbitt 5.(c) If allve, give age. 5.(d) Name of husband or wife. Isabelle Nesbitt 21. I CERTIFY that death occurred on the date above efated; that I attended dec and that I last saw h. Im. allv Dead. Feb. 3. AGE: Yeare Months Days If less than one day 60 11 6 hrs. Barton, Allegany Co, Maryland (Town, county, and state) Janitor 10. Usual occupation. 11. Industry or business Cellenese Corp 12. Name. William Fier Diher conditions.	
7. Birth date of deceased (mo., day, yr.) 8. AGE: Yeare Months Days If less than one day 60 11 6 hrs. min. 9. Birthplace Barton, Allegany Co, Maryland (Town, county, and state) 7. Birth date of deceased (mo., day, yr.) 10. Usual occupation. Janitor 11. Industry or business Cellenese Corp 12. Name. William Fier 13. Birthplace Barton, Md.	., at 7. 15A
7. Birth date of deceased (mo., day, yr.) 8. AGE: Yeare Months Days If less than one day 60 11 6 hrs. min. 9. Birthplace Barton, Allegany Co, Maryland (Town, county, and state) 10. Usual occupation. 11. Industry or business Cellenese Corp 12. Name William Fier 13. Birthplace Barton, Md.	
deceased (mo., day, yr.) 8. AGE: Yeare Months Days If less than one day Chronic Myocarditis 9. Birthplace Barton, Allegany Co, Maryland Town, county, and state) Due to 10. Usual occupation Janitor 11. Industry or business Cellenese Corp 12. Name William Fier Diher conditions 13. Birthplace Barton, Md.	
8. AGE: Yeare Months Days If less than one day 60 11 6	
60 11 6 hrs. min. 9. BirthplaceBarton, Allegany Co, Maryland (Town, county, and state) 10. Usual occupation Janitor 11. Industry or business Cellenese Corp 12. Name William Fier 13. Birthplace Barton, Md.	
9. Birthplace Barton, Allegany Co. Maryland (Town, county, and state) ### Janitor 10. Usual occupation ### Due to. ### 12. Name William Fier ### 13. Birthplace Barton, Md.	
10. Usual occupation 11. Industry or business	0
10. Usual occupation 11. Industry or business	
11. Industry or business Cellenese Corp 12. Name	
12. Name. William Fier Other conditions. 13. Birthplace Barton, Md.	
12. Name. William Fier Other conditions. 13. Birthplace Barton, Md. (Include pregnancy within 3 months of death)	
13. Birthplace Barton, Md. (Include pregnancy within 8 months of death)	
E 14. Maiden name Anna Davis Major findings of operations	
Major madings or operations.	

16. Informant T Victor Fier Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged	statistically.
528 Longiene Ave Cumberland, Md.	
22. VIOLENCE: If death was due to external causes, fill in the following; (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	
Location	
18. Funeral director	
Address Cumberland, Md 11/4 23. SIGNATURE H. V. Deming M. D. W. Deming M. D. H. V. Deming M. D. H. V. Deming M. D. H. V. Deming M. D. W. D. W. Deming M. D. W	of semin
19. Oate rec'd by registrar) 19. Address: Carlot M. D. M. D. Deming M. D. M. D. Date signed	

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FEB 28 - 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

Within corp	DR. JOHNSON 2411 N. Charles	EPARTMENT OF HEALTH les St., Baltimore TE OF DEATH Reg. Diat. No. 4
carefully. The	1. PLACE OF DEATH: County. ALLEGANY City or town. CUMBERLAND. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?. Hospital, institution, or street address where death occurred: MEMORIAL HOSPITAL. How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State MARYLAND County ALLEGANY City or town. CUMBERLAND (If outside city or town limits, write RURAL and give nearest town) Street No. 17 HENDERSON A VENUE (If rural, give LOCATION) 2.(a) It veteran, name war.
information of death cle	3. (a) FULL NAME MRS. BESSIE GATRELL 4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
	FEMALE WHITE MARRIED	MEDICAL CERTIFICATION 20. DATE OF DEATHFEBRUARY 10 19 47 24 3:55 A.
ARGIN RESERVED FOR B. 'ADING INK. Supply every Physicians: please write the	6.(6) Name of huebend or wife CHARLES W. GATREIL 6.(c) If alive, give age 71 years 7. Birth date of deceased (mo., dey, yr.) DECEMBER 12, 1881 8. AGE: Years Months Days It less than one day 1 28 hrs. min. 9. BirthplaceMARYLAND (Town, county, and state) HOUSEWIFE 11. Industry or business 12. Name. WALTER STANLEY 13. Birthplace VIRGINIA	Due to Diher conditions.
9-45-15M WRITE PLAINLY, WITH UNI is especially important.	14. Maiden name ELIZABETH WEBSTER 15. Birthplace WEST VIRGINIA 16. Informant MEMORIAL HOSPITAL Address CUMBERLAND, MD. 17. Burial Date thereof Feb. 12, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory St. Lukes Cumberland, Md. Charles L. George	(Include pregnancy within 3 months of death) Major findings of operations
VS A15	18. Funeral director Address Cumberland, Md. 19. L. J. J. L. Trauklui, M. L. (Date ree'd by registrar) Registrar	23. SIGNATURE DE LOS MANDES M. D. OF MORE MANDES M. D. OF MORE MANDES MA



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

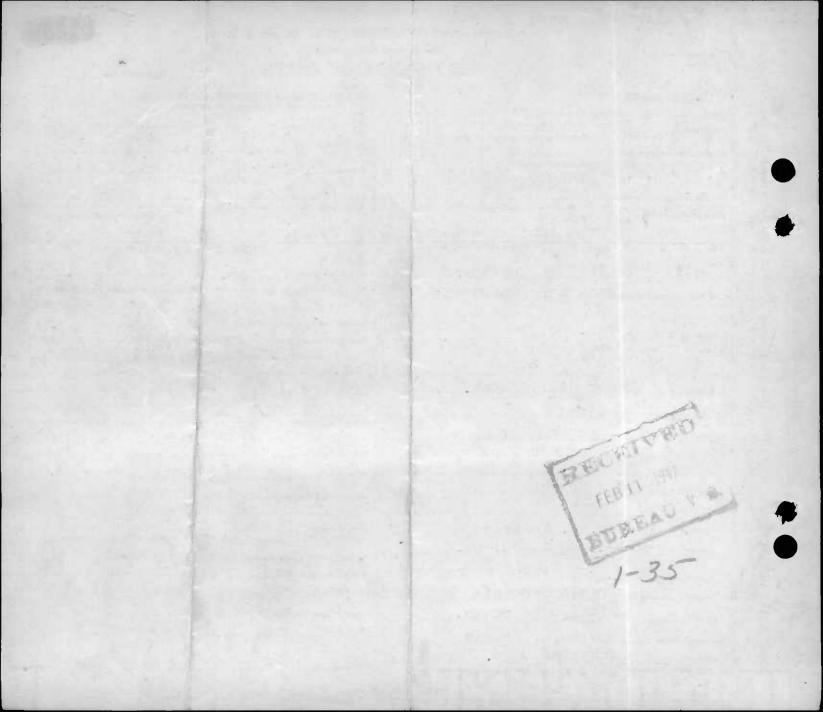


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CERTIFICATE OF DEATH

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	Reg.	Diat.	No.	 	T	()

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Allegany	state Maryland county Allegany		
City or town Rural Cumberland (If outside city or town limits, write RURAL and give nearest town)	Rural Cumberland		
How long in above place of death?	(If outside city or town limits, write RURAL and give hearest town)		
Hospital, institution, or street address where death occurred: R.D.#3 Bedford Road	Street No. R.D. #3, Bedford Koal		
R.D.#3 Bedford Road	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
John Louis Gearhart	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Widowed	20. DATE DF DEATH		
6.(b) Name of husband or wite Anna Lohr Gearhart	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from		
	Feb. 5 19.47 10 Jel. 6 19.47		
7 Birth dots of	and that I last saw handalive on tel. 5		
deceased (mo., day, yr.) Jan. 30, 1854	Immediair cause of death Mago Canalial DURATION		
8. AGE: Years Months Days It less than one day	Degeneration		
93 0 b min.	Contributary Cause - Garstalitis		
Manor Hill Penna	Due to.		
9. Birthplace Manor Hill, Penna. (Town, county, and state)	0.00		
1D. Usual occupation. Retired			
11. Industry or business Farmer	Due to		
≝ 12 Name Cyrus Gearhart	Other conditions.		
12 Name Cyrus Gearhart 13. Birthplace Penna.			
Monte Charden	(Include pregnancy within 3 months of death)		
불 14. Maiden name Mary Snyder	Major findings of operations.		
14. Maiden name Mary Snyder 15. Birthplace Penna.	Date of op.		
16. Informant Mrs. Wm. E. Kniseley	Animosy results.		
D D #7 C	PHYSICIAN: Please anderline the cause to which death should be charged statistically.		
	22. VIOLENCE: It death was due to external causes, fill in the following:		
Burial Burial Date thereof Feb. 9,1947 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
(Dalital, Clemation, of Comoval, Triberty)			
Cemetery or crematory. Graefs Cemetery	Where did Injury occur?		
Location Cairnbrook, Penna.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Charles L. George	Means of Injury Injured at work?		
Cumberland A Md	6 Waston		
Address Outside Land Wila	23. SIGNATURE		
19. Let. 7 194/ ps. S. Franklin	M. D. or other		
(Date rec'd by registrar) Registrar	Address 122 Bedford St. Cumberland ate signed Del. 7, 1941		
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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Within corporate filling MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (241)	
at III II. Charles St., Daitimore 924	M
CEPTIFICATE OF PRATIL	./
CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOM	Reg. Dist. No.
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOM	1E) OF DECEASED:
County Memoral Hospital (For newhorn intents give residence of the state of the sta	// // .
	County allgane
How long in above place of death? Gully or town. (If outside city or town	vy mits, write RURAL and give nearest town)
Mospital, Nastitypign, or street address where Agath popularies	Baltimore V.
Street No. Street No. (If for	al, give LOCATION)
How long in hospital or institution? 2.(a) If veteran, name war.	
How long in hospital or institution? 2.(a) If veteran, name war. 3. (a) FULL NAME 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICA	3. (b) Social Security Number
de la	214-05-6632
MEDICA	AL CERTIFICATION
Single White Single 2D. DATE OF DEATH	10 19 4 7 at 5 - PM
Male White Single 2D. DATE DF DEATH	date above stated; that I attended deceased from
and that I last saw h	0 197
O A C C Venne Maniba Waller and day	DURATION
A Second (mo., asy, yr.) 8. AGE: Years Months Days 1f less than one day Immediate cause of death Immediate cause of de	5 4 3
9. Birthplace P.a. 10. Usual occupation 11. industry or business Mand Sheatel 11. industry or business Mand Sheatel 12. Name Thomas Halley	
U. USUAI UCUPATION	Romenne 3 day
2 2 11. Industry or business Strand Sheatre	<u> </u>
NI NI NI Industry or business than Sheathe 11. Industry or business than Sheathe 12. Name Thomas Halley 13. Birthplace Md	al knofferry
No. 13. Birthplace Md	///
Emma · Eskin (Include pregnancy wi	ithin 3 months of death)
I	Date of an
10 le	Sele of op.
16. Informant Everlan. Reynolds Address Cumberland Md 17. (Burial, eremation, or removal. Which?) Date thereof Left (May) (year) Date thereof Left (May) (year) Autopsy results. PHYSICIAN: Please underline the cause of the control of the cause of t	se to which death should be charged statistically.
Feli 1.3 19 (1.7) 22. VIOLENCE: If death was due to exte	ernal causes, fill in the following;
(Burial, eremation, or removal. Which?) (month) (day) /(year)/	
'E	town) (County) (State)
Cemetery or crematory. Rose Hill Cemetery where did injury occurr (City or Injured at home, farm, industry, public p	
mount of miles	Injured at work?
18. Fuoeral director Address Hownby Many Miles	
23. SIGNATURE	M. D. or other
19. (Defe rec'd by registrar) (Defe rec'd by registrar)	Date signed.

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correct age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cisecially important. Physicians: please write the causes of death clearly and legibly.

WRITE

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FOR BINDING

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9:37

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CD	TIE.	TO	A	TOTAL	OF	DE	ATT

	CERTIFICAT	E OF DEATH Reg. Diat. No.
1	County	2. USUAL RESIDENCE (HOME) OF DECEASED: State County Count
	How long in above place of death?	Street No. (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION)
١	How long to hospital or institution?	2.(a) It veteran, name war
	3. (a) FULL NAME Mary Frances Ho	ardin 3. (b) Social Security Number
I	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	ternale Wate Widow	20. DATE OF DEATH. Telsurary 4 18 47 21 12 PM
	6.(b) Name of humans er wife RSAE ACCURATE STATE OF STATE	21. I CERTIFY that death occurred on the date above stated, that I stiended deceased from
	7. 8 irth date of deceased (mo., day, pr.) November 5 1885	and that I last saw h
	8. AGE: Yeers Months Days It less than one day 2 2 4hrsmln.	Immediais cause of death DURATION 6 Hrs?
	9. Birthpiace Hyndman Blufand Co Pa (Town, county, and attice)	Due to Brock opening - 2days,
	10. Usuel occupation.	Due to Daypear Wil Klessing ?
	11. Industry or business 12. Name Cob Cowery 13. Birthplace Aundman Pa	Dither conditions the state of
		(Include pregnancy within 3 months of death)
	14. Maiden name Mary Conselva 15. Birthplace Hymninum Pa	Major findings of operations. Date of op.
	Paul Harden	Autopsy results.
	16. Interment Sent Land Strumbsturd MC	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	Address Jev. 1 Sulface I (Ministration)	22. VIOLENCE: If death was due to external causes, fill in the following:
	(Burial, cremation, or removal, Which?) Date thereot (month) day) (year)	Accident, sulcide, or homicide
	Cemetery or cremetory Nov Municipal Clys	Where did Injury occur?
	Location Chribeland Ma	Injured at home, farm, Industry, public place (where?)
	18. Funeral director Dulliam H. Tright	Means of Injury Injured at work?
	Address Cumberland Mid	23. SIGNATORE Jameles Jacobson 140
	19. Let 7 18 47 J. P. Franklin M.	Address J J Like AT Date signed 2 / 4/ 42
	(Date rec'd by registrar) // Registrar	HUUICOOF W W

Street parties 5 LE Mariana Degs Herelin Morenteer 5 1883 Legenderless Balance R. strange -Milleany nik Welleven N Tagky Constantine Hak

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

* 01233 Reg, Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn is fants give residence of mother)
County Cilly County	
Cily or town. (If outside city or town limits, write RURAL and give nearest town)	State County County
(If outside city or town thats, write RURAL and give nearest town)	City or town (If outside city or town limits, wate RURAL and give nearest own)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest/town)
	Street No. (If rural give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Varie mane	Varren
4. Sex S. Color or sec. 6.(a) Single, Married, widowed, or divorced	MEDICAL CERTIFICATION
7. 0. 111.41.)	FOL 8 47 1301
James House Infant	20. DATE OF DEATH
6,(b) Name of husband or wife	21. I CERTIEY that death occurred on the date above stated: that I attended deceased from
	Fek 5 19 4 10 Fek 8 19 4
7. Birth date of	and that I last saw half allive on
deceased (mo., day, yr.) (Oct. 10 1/4.) 946	Immediair cause of death
8. AGE: Years Months Days If less than one day	Desas for mumbrie 10as
3 28hrshrs.	Comment of the state of the sta
7 11 (1)	(remain)
9. Birthplace (Town, county, and state)	Due to
10, Usual occupation.	
	Due to
11. Industry or business	
E 12. Name Surge Square	Other conditions
3 13. Birthplace months Yale Summent ma	(Include pregnancy within 3 months of death)
£ 6 6	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
El 15. Birthplace Julianase has	Date of op.
16. Informant To Language Danger	Autopsy results
1010 /N. 7 7/1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / 2 / Jam (In . I working to	22. VIOLENCE: If death was due to external causes, till in the tollowing;
17. Burial, cremation, or removal, Which?) Date thereot. 2 - 1 2 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Accident, suicide, or homicide
(Burial, cremation, or removal, which)	Where did Injury occur?
Cemetery or cramatory	Where did injury occur?
Location Trostuffing Dadi	Injured at home, farm, Industry, public place (where?)
Wash !	Meene of Injury Injured at work?
18. Funeral director	1 () () So
Address Trestiera My	23. SIGNATURE WOITH Fane JV Mo
2-11 US WILL VALLEY ALKAR	23. SIGNATURE M. D. or other
19. Chata reald by registrar)	Address to toug mg Bate signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 75-6

CERTIFICAT

E OF DEATH	Reg. Diet. No. 4
City or town	ts, we te RURAL and give nearest town)
2.(a) If veteran, name war	
	3. (b) Social Security Number

1	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
l	County allegaus	State md county Ellegany
١	City or towa	Custos
ı	How long in above place of death?3.0. 4.2.	(If outside city or town limits, whe RURAL and give nearest town)
	Hospital, Institution, or street address where death occurred:	Street No. 13 7. Waverly Terrace,
ı	allegany Hospital	(If rural, give LOCATION)
l	How long in hospital of Institution? ()	2.(a) If veteran, name war
١	3. (a) FULL NAME	3. (b) Social Security Number
1	Harry Thomas Heury	705-05-4462
	4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
١	male White married	20. DATE OF DEATH Jel 14 1947 13:55A
١	6.(b) Name of husband or wife Bessie 6. Henry	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
l	S.(c) If alive, give age	7-1-46 19 10 2-14-1947
	7. Birth date of	and that I last saw h. According to 19.
ı	deceased (mo. day, w.) 8. AGE: Yeare Months Days It less than one day	Immediais gause of death
l	6. AGE.	1) mais Don 1344
l		
1	9. Birthplace Brosus, Morgan W. Va	Due fo
	(P) ++ · · · · · · · · · · · · · · · · · ·	
	10 NO 2 11 7000	Oue fo
	11. Industry or buelness 19 400. Theight Mallon	
	12. Name to has to tenhy W. Va	Ofher conditions
		(Include pregnancy within 8 months of death)
	14. Maiden name Clasabella Wichael	Major findings of operations plenomegal
	14. Malden name Polizabette Michael 15. Birthplace Belley Spring W. Va	Offic of op. 1 4-1-41
į	16. Interment Mis Hamily Henry	Autopsy results. This
i	Address 134. Wangely Terrison and my	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	2	22. VIOLENCE: If death was due to external causes, till in the following;
	(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
	cemetery or crematory Allerest Cemeter	Where did injury occur?
	C. Ro. O	Injured at home, farm, industry, public place (where?)
	Location Chamberland	Meane of Injury Injured af work?

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING A15-4 PLEASE NS

1B. Funeral director

(Date rec'd by registrar)

Address

23. SIGNATURE.

Address...

Registrar

M. D. or other

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NFADING INK. Supply every item of information carefully. The nt. Physicians: please write the causes of death clearly and legible.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B-

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CERTIFICAT	TE OF DEATH Reg. Diat. No.		
1. PLACE OF SEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (yo) newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 2. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME 1. Color or race 6.(a) Single, married/widowed, or divorced	Hoover 3. (b) Social Security Number		
4. Ser 5. Color or race 6.(a) Single, married widowed, or divorced	2D. DATE OF DEATH SURVEY 95 1947, at 6 P.		
6.(b) Name of husband or wife Assault	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2. 2. 4. 7. 19		
8. AGE: Years Months Days If less than one day 12 10 3	Immedia cause ut death DURATION		
9. Birthplace (Fown, county, and state) 10. Usual occupation	Due to		
12. Name Lanca Lancaster 2nd	Dither conditions		
14. Maiden name Lagal tells but Range 15. Birthplace	Major findings of operations. Date of op.		
Address Comsterland	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following:		
17. (Burtal, cremation, or removal Which?) Cemetery or crematory	Accident, suicide, or homicide		
18. Funeral director Prins Stein Fine	Injured at home, tarm, Industry, public place (where?) Masans of Injury Injured at work?		
19. Februard by registral	23. SIGNATURE M. D. or other		

MAR 4 1947 BUMBHALI TE

2. USUAL RESIDENCE (HO		
(For newborn infants give re	- 11	
State	County Culled	any
City or town	town limits, write RURAL and give near	est town)
Street No.		
(If	rural, give LOCATION)	
2.(a) If veteran, name war		
,	3. (b) Social Security N	lumber
MEDI	CAL CEPTIFICATION	
MEDI	CAL CERTIFICATION	,
20. DATE OF DEATH. FE	mesy 23 1947	10.751
	the date above stated; that I attended decea	
746 22	47 4 7 The 71	3 104
×. W.J.,	18+7 10 9 Eh 10:	
and that t last saw handalive on		19.7
Immediate cause of death	A	DURATION
cerebral 1	emerchage	2 day
	(/	
mate Herperter	war	?
Due to		
Due to	/	***************************************

Diher conditions		
(Include pregnancy	within 3 months of death)	
Major findings of operations		
	Date of op.	
PHYStCIAN: Please ooderline the	caose to which death should be charged a	tatistically.
22. VIOLENCE: If death was due to	external causes, fill in the following:	
Accident, suicide, or homicide	Date of	
(City	or town) (County)	(State)
Injured at home, farm, Industry, publi	c place (where?)	
Means of Injury	Injured at work?	

he will be to the the special of the state of the Contract Trains The lette mount of Waysamore Joseph. 18 300 Elin symille, Belford to It BUREAU VIII.

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

Y			Rog. Dist. No
1. PLACE OF DE	ATH: Allegany		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	120 271 (22)		state Maryland County Allegany
City or town(If	outside city or town li	mits, write RURAL and give nearest town)	Darton
How long in above place	e of death?8	3 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or	street address where	death occurred:	Street No.
			(If rural, give LOCATION)
How long in hospital o	r institulian?		2.(a) If veteran, name war
3. (a) FULL NAM	E		3. (b) Social Security Number
	Sarah	Robinson Inskeep	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female	White	Married	20. DATE OF DEATH. February 23 19 47 1:25
	Othe	Inskeep	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband			Peb-23 1947 10 Del 23 194
7. Birth date of	•••	6.(c) It alive, give ageye	and that I last saw have alive on Dele 2.3
deceased (mo., day,	March_	3, 1863	Immediate cause of death
8. AGE: Year	e Months	Days If less than one day	Casarray Thrownsell p
83	111	20hrsm	
s. Birthpiace Bal	nton All	bre breed vreps	Que 10. Osh Theranamentalis
9. Birthpiace	(Town,	ecany, Maryland	Due 10. State of the state of t
1B. Veual occupetios.	Domes	tic	Christian friends
	Osumo H		Due to
11. Industry or busines			
12. Name		ssell	Dther conditions
	Scotla		(Include pregnancy within 3 months of death)
HLOW 14. Maiden name	Jean Sc	ot Anderson	
TI III	Scotla		Major findings of operations.
			Date of op.
		nskeep	Autopsy results
Address	Barton, L	laryLand	
Runi	al	Feb 26 1947	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation	al n. or removal. Which?	Date thereof Feb 26, 1947 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremat	Philos	cemetery	Where did injury occur?
	-	enport, Maryland	Injured at home, tarm, Industry, public place (where?)
Location			Means of Injury Injured at work?
18. Funeral director	ETISMOL	th S. Boal	
Address	Westernne	nt 15 3	- 20 could be sell M. D.
71	- o wer ripe	ort, Maryland	23. SIENAUDE M. D. or other
191701-2	19.4-7	LOUGHN Stanford Report	rar Address allessentas md Date signed 2/25/4
I (Date ice d by i		. , , , , ,	

WRITE PLAINLY, WITH UNFADING LINK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. RESERVED FOR BINDING MARGIN.

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PLEASE



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Cally Santy f	State 29 A Country Gillary
City or fown	201
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give new est town)
Hospital, institution, or street address where death occurred:	Street No.
fail well H.	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war. The half of the state of the
3. (a) FULL NAME	3. (b) Social Security Number
(ast Joseph Rearney	2/3-12-4653
4. Sex 5. Cofor or race 8.(a) Single, married, widowed, or dispreced	MEDICAL CERTIFICATION
male White Single	20. DATE DE DEATH 12/5 18/7 at 1/30 F
6, (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth dafe of	and that I last saw h. M. au A.D. A.T. 19. 4.
deceased (mo., day, yr.) 8 A.G.F. Years Months Days I If less than one day	Immediaizause of death
o. Ada.	Coffee 12 m
20 hrsg. min.	Willes
9. Birthplace Mestor furt-allegeny - Ma	Que to Feld from Cr F 12 Ky truly
9. Birthplace (Town, sounty, and stage)	to bad of Potomasa river reas bank
10. Usual occupation.	Due to at Assisterapest md
11. Industry or business Factor Come	
# 12. Name Sike & Magney	Other conditions
13. Birthplace of laterapust Mal.	(Include pregnancy within 3 months of death)
14. Maiden name Odriver Bayest 15. Birthplace In Asmilled Mid-	Major findings of operations.
15. Birthplace It tomilled Mich.	Date of op
1. Ba Burana And	Anlopsy results
011 111 2011	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Address Mary Mary	22. VIOLENCE: If death was due to external causes, till in the following:
11. (month) (day) (year)	Pacident suicide or homicide acceptant Date of 2. 16/47
	Where did injury occur? W. S. Land Land (County) (State)
Cemetery or crematory	(City or town) (County) (State)
Location Wilstername & M. 4.	Injured at home, farm, industry, public place (where?) Full of the Party State
18. Funeral director Alexander Than Branch	Means of Injury Injured at work?
Address Nettenbut 244	(OF)
A company to the search of	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address hard Date signed 2: 17/4
(Date fee d b) regionary	

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conrect age is especially important: Physicians: please write the causes of death clearly and legibly.

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1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9320

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CERTIFICATE OF DEATH

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39%	

2. USUAL RESIDENCE (HOME) OF DECEASED

Reg. Dist. No.

County	All	egany	•••••	(For newborn infants give residence of mother)		
				State Md. county Allegany		
(If c	outside city or town	limits, write R	URAL and give nearest town)			
				(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or				Street No. R#3 Keyser, W. Va.		
				(If rural, give LOCATION)		
How long in hospital or			······································	2.(a) It veteran, name war		
3. (a) FULL NAM	E			3. (b) Social Security Number		
		Howe K	eplinger			
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	M	arried	2D. DATE DF DEATH Feb. 3, 19 47 at 7 A.	🛍	
6.(b) Name of husband	or wifeRC	setta	Harper	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
			e) If alive, give age	18.47 to 18.47	···	
t. Ditti mate of				and that I last ear h died marked Land Seen 2 months prepared	3	
deceased (mo., day,)		D. 25,		Immediate cause of death		
8. AGE: Years	AL BUILDING			thouse		
90	11	6	hrsmln.	Juddely		
9. BirthplaceG	rant Co.	county, and	•tate)	Due to my curdatus homes		
1D. Usual occupation	Far	mer	,	Due to Suggestion on change	****	
11. Industry or busines	8					
当 12. Name	drew ker	linge	r	Dither conditione Sixtersollerono	,	
13. Birthplace			Virginia			
E Maide	Phoebe	Davis		(Include pregnancy within 3 months of death)		
HLOW 15. Birthplace				Major findings of operations.		
			Co. W.Va.	Date of op.	••••	
16. Informant ILY	s. Roset	ta H.	Keplinger	Autopsy results	••••	
Address R#	3, Keyser	. W.V.	a.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	-	
Bur	rial		. 2-6-47	22. VIOLENCE: If death was due to external causes, flil in the following:		
17. Burial Date (hereof 6-6-47 (Burial, cremation, or removal, Which?)				Accident, suicide, or homicide	••••	
Cemetery or cremalory Queenspoint				Where did Injury Occur?	****	
Location W.Va.				Injured al home, farm, Industry, public place (where?)		
				Means of injury Injured at work?		
18. Funeral director	N.H. RO	gers		music of mar) migroup in room	_	
Address		K	eyser, W.Va.	23. SIGNATURE By Staffen M.D. or other		
200	6 11	7000	And B Trans	23. SIGNATURE M. D. or other	***	
(Date rec'd by re	gistrar)	My Cittle	Registrar	Address Kussei Wa Date signed 2-447		

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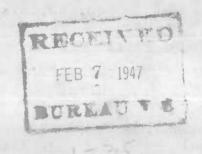
information carefully. The cof death clearly and legibly

DING INK. Supply every item of Physicians: please write the causes

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2411 N. Charles St., Baltimore 93-7

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CERTIFICATE OF DEATH

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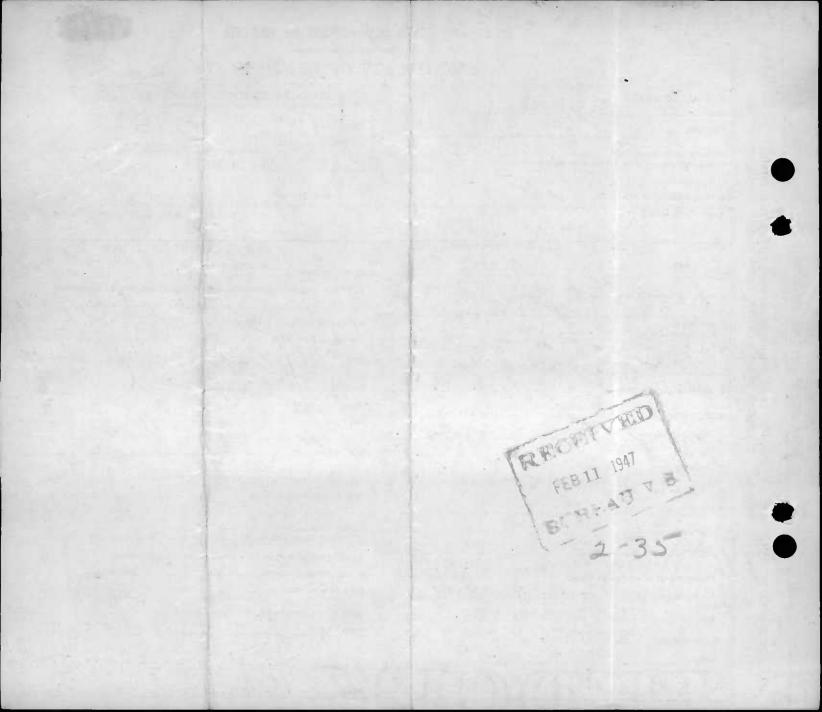
	•			Neg. Dist. 110
How long In above place Hospital, institution, o	Cur coutside city or town lin ce of death? or street address where of Allegany	y Hospital		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Couoty Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) Street No. 226 Williams St. (If rural, give LOCATION)
	or institution?	***************************************	***************************************	2.(a) If veteran, name war
3. (a) FULL NAM		orge P. Ear	l Ketzner	3. (b) Social Security Number
4. Sex	5. Color or race	6.(a) Single, married, widow	red, or divorced	MEDICAL CERTIFICATION
Male	White	Widowed		20, DATE OF DEATH. February 4, 1947 21/2:20A
6.(6) Name of husband or wife. Irene Cooley Ketzner 6.(c) If alive, give age years 7. Birth date of deceased (mo. day, yr.) Aug. 9, 1894				21. I CRRIEN that death occurred on the date above stated; that I attended deceased from 19. Large to the late of
deceased (mo., day 8. AGE: Yea		Days if less than	one day	Immediate cause of death DURATION
8. AGE: 52		24		my revenue 1 1 year
1D. Usual occupation 11. Industry or busing 12. Name	Freight ess New York John Ketz Harpers	Ferry, W. ecounty, and state) t Conductor c Central R ner Ferry, W. V anna Forney	.R. Co.	Due to
	r. Ralph	Ketzner		Antopsy results
to. informant		ns St. Cumb	erland Md	DUVCICIAN. Places underline the cause to which death should be charged statistically.
Run	ial on, or removal. Which?) atory I.O	Date thereof Feb. (mont	6,1947 h) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location		ester, Ohio		Injured at home, farm, industry, public place (where?)
1B. Funeral director. Address	Charles Cumberla	L. George	11 02 2	De Dolinson Lily
19. Jel. 5	19.4.7.	J. f. Frans	klin M.D.	23. SIGNATURE M. D. of other Address Labella M. D. of other Address Labella M. D. of other

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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ADING INK. Supply every item of Physicians: please write the causes

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2411 N. Charles St., Baltimore (370)

CERTIFICATE OF DEATH

Reg. Dist. No ...

How long in above place Hospital, institution, or MEMORIAL	BERIAND MD of death?	mits, write R 15 Yea death occurred	URAL and give nearest town) IS	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r MARYLAND State CUMBERIANB City or town (If outside city or town limits, Street No. ALLEGANY COUNTY (If rural, give) 2.(a) If veteran, name war.	ALLEGANY , write RURAL and give n INFIRMARY LOCATION)	
MR. B	ARTLEY KIL	ROY			None	
4. Sex MALE	5. Color or race WHITE		married, widowed, or divorced	MEDICAL CE FEBRUARY 27,	RTIFICATION	O A.M.
Speigle 6.(6) Name of husband or wife			21. I CERTIFY that death occurred on the date above the second of the sec	re stated; that I attended dec	27 19.47 19.47	
8. AGE: Yeere	Months	Days	If less than one day	Immediate cause of death		DURATION
9. Birthplece				Due to Sent Due to Manual Tender of the Conditions. (Include pregnancy within 8 m	ph č	3 7as
15. Birthplace	PENNSYLVA	NIA	Rowan	(Include pregnancy within 8 m		
Address 619 Mill St. Wilkensburg 21. Pa 17. Burial Date thereof 3/1/47 (Burial cremation, or removal Which?) Cemetery or crematory St Phillip & James Cemetery			Autopsy results PHYSICIAN: Please noderline the cause to whi 22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	ich death should be charged ses, fill in the following; 	d statisticslly.	
Location Meyersdale Pa. 18. Funeral director William H. Kight Address Cumberland, Md.			tajured at home, farm, industry, public place (whe Means of Injury 23. SIGNATURE A. Hurz 4.	Injured at work?		
many of a factor of the said				Address / 10 S. Centre St.		or other 2-21-47



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MARYLAND STATE DEPARTMENT OF HEALTH

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1			TE OF DEATH	Reg. Diat. No.	450
Now long in above place of d Hospital, institution, or stre	y berland de city or town lin eath? et address where d ar main	eath occurred: gate of Celanese Corp. of Am.	State Ma County	other) Allegany write RURAL and give neares OCATION)	t town)
3. (a) FULL NAME				3. (b) Social Security Nu	mber
Emil Hen	ry Kram			220-07-6822	2
4. Sex 5.	Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CEI	RTIFICATION	
Male	White	Married	20. DATE OF DEATH Feb. 22	19. 4.7. 21	4.05P
6.(b) Name of husband or w 7. Birth date of deceased (mo., day, yr.)		Nannie Berry Krampf 5.(c) If allve, give age 53 25 1881		eb. 22	19.4.7
8. AGE: Years	Months	Days If less than one day	Immedia: cause ul death		POMMAN
65	8	27hrsm	n,		Ey
1D. Usual occupation	Ja	llegany Co, Maryland county, and state) nitor Corp Of America	Due 10		
12. Name	Peter	Krampf	Dther conditions		*******************
13. Birthplace	Ger	many	(Include pregnancy within 3 mo		
HIOW 15. Birthplace		ne Earnfield	Major findings ul uperatious		
		rampf	Autopsy results	h death should be charged sta	tistically.
Burial (Burial, cremation, or	removal, Which?)	Cumberland, Md. Date thereof	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	es, fill in the following;	
		and, Md.			
	Willia	m H. Kight	Manne of Johnson		any
Address 19 Feb. 2	Cumber]	and, Md.	23. SIGNATURE H. V. Deming N	D. H.V. Dem	The last



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MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

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	Reg. Diat. No.
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V				
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
CountyAllegany				
City or town	state Maryland county Garratt			
	City or town. Bloomington (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?				
Memorial Hoppital	Street No. (If rural, give LOCATION)			
How long in hospital or institution?	2.(a) It veteran, name war			
3. (a) FULL NAME				
5.(a) Polit Name	3. (b) Social Security Number			
Joe Lantz	The			
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male White Single	20. DATE OF DEATH FOD PURPY 7 19.47			
6.(b) Name of husbend or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
S.(-) M. H	1-28- 19.47 10 2-7- 19.4			
7. Birth date of	and that f last saw h. s. M. alive on 2			
deceased (mo., dey, yr.) October 5, 1866	Immediate organ of dath DURATION			
4 2	arlerisallrosis			
8 10 4 2hrsmin.				
9. Birthplace	Due to			
10. Usual occupation	Due to			
11. Industry or business	ho ho ho ho ho ho ho			
12. Name Noah Lahtz 13. Birthplace West Virginai	Other condition			
13. Birthplace West Virginai	Whon A ne Kinty			
Monar Connect	(Include primaney within 5 mosths of death)			
14. Malden nameMany Sever	Major fiadiags of operations.			
14. Maiden name	Date of op			
16. Interment Momorial Hospital	Aatopsy results			
Address Cumberland, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
B. 10 2.10 19:17	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, or remove). Which?) Date thereo (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory Glassing to a anuly	Where did injury occur?			
Black the med.	Injured at home, farm, industry, public place (Ahere?)			
Location				
18. Funeral director Collisson Stand	Means of Injury Injurge for Work?			
Address Westernport, med.	May at Inland			
-/ / - 0 pt /1. on x	23. SIGNATURE			
(Date rec'd by registrar) 18 47 X. F. Danklin, M. Registrar	1-8-16			
(Date rec'd by registrar) Registrar	Address Date signed Date signed			



7. The correct age legibly

DING INK. Supply every item of information carefully physicians: please write the causes of death clearly and

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
5.(c) Name of nusband or wife	19, to
7. Birth date of	and that I last saw h. Im alive Dead Feb. 21 19.47
8. AGE: Years Months Days If less than one day 4.4 2/ //hrsmin.	Lobar Pneumonia a bull week
8. Birthplace & Mills Mells Delforf Co To (Town, county, and state) 10. Usual occupation D A Delana	Due to
11. Industry or business	
12. Name William M. Leckemby	Other conditions
14. Maiden name Distribution 15. Birthplace	(Include pregnancy within 3 months of death) Major fiediogs of operations
15. Birthplace Lenna.	Date of op.
16. Informant Mus - Dule Tage	Actopsy results Consolidation, apex right lung PHYSICIAN: Please coderline the caose to which death should be charged statistically.
Address Address Date thereof Feb. 75 /947 (Burial, cremation, or removal. Wbich?)	22. VfOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or cremetory. Hyndman, La.	Where did Injury occur?
Location Assalfation and Laj	Injured at home, farm, industry, public place (where?)
12/	Means of Injury Injured at work?
18. Funeral director	Deputy Medical Examiner - Allegany Q
Address 19. Ceb. 74 19. (Date rec'd by registraf) Registrar	23. SIGNATURE H. V. Deming M. D. H. D. Orange M. D. Orang

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m Dist No. 40

	Reg. Dist. 110.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (17 outside city or town limits, write RURAL and give nearest town)	State County County County County or town County or town County Or town limits, write RUFAL and give nearest town)
How long in above place of death?	Street No.
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color og race, 6.(a) Single, married, widowed, or divorced from the standard from the standa	MEDICAL CERTIFICATION 20, DATE OF DEATH 20, DATE OF DEATH 21, 5 P. M.
5.(b) Name of husband or wife J. Day Lynns	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If iess than one day	and that f last saw h
47 3 73 hre. min.	Embolism J
9. Birthplace (Town, county, and state) 10. Usual occupation.	Due la Cemona of Chroix 141-
11. Industry or business	DUE 10.
12. Name	Bther conditions
14. Malden nameCalturine Foley	(Include pregnancy within 3 months of death) Major findings of operations
15. Birthplace	
Address W. Va	Autopsy results
17 Buril Bate thereof 2025/47	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
(Burial, cremation, or removal Which?) Cemetery or crematory	Whera did injury occur? (Cips op town) (Company) (State)
Location faw Park W. U.C.	Injured at home, farm, industry public place (where?) Meane of injury Injured at work?
18. Funeral director	All Physical tue
19. Feb. 25, 1947 J. P. Franklin U. D.	23. SIGNATURE M. D. orgother 4/17
[] [Date ree'd by registrar] [Registrar	Address Date signed Date signed

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ADING INK. Supply every item of information carefully. The forrest age Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore 157. R

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CERTIFICAT	TE OF DEATH Reg. Dist. No. 4
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County A A City or town (If outside city or town limits, write RURAL and give nearest town) Straet No. 440 (If rural, give LOCATION) 2.(a) If vetaran, nama war.
3.(a) FULL NAME Baby Martin	3. (b) Social Security Number
4. Sax S. Eolor or raca 6.(a)Single, marriad, widowad, or divorcad 51'ng/e	MEDICAL CERTIFICATION 20. DATE OF DEATH FEBRUARY 1 16 19 47 21 3130 PM
S.(b) Name of husband or wifa	21. I CERTIEN that death occurred on the data above stand; that I attended declared from
7. Birth date of dacassed (mo., day, yr.) February 16, 1947 8. AGE: Yaars Months Bays If less than one dayhrs. #5min.	and that I last saw h
9. Birthpiace Comber land Allegary, Ad. (Town, county, and staye)	Due to.
11. Industry or business 12. Name. Joseph Martin 13. Birthplaca Windber, Pai	Other conditions Complete delectasis of langes. (Include pregnancy within 8 months of death)
14. Maiden name Roma Venning 15. Birthplaca England 16. Informant Tezeph Martin	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Addrass Cumber land, 19d1 17. Buring Bate thereof February 18,1947 (Burlal, cremation, or removal, Which?) Cemetery or crematory It. John the Bootist Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location New Baltimare, ## Parl 18. Funeral director. In has To the few	Injurad at homa, farm, Industry, public place (whera?) Maans of Injury Injurad at work?
18. Jel 17. 1947 J. P. Tranklin M. 2. (Date rec'd by registrar) (Date rec'd by registrar)	Address Bate signed 7

FOR BINDING MARGIN RESERVED PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

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25 1947 2-35 NFADING INK. Supply every item of information carefully at. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Tod

CERTIFICATE OF DEATH

V	
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Alegany	
(If outside by or town limit, write RURAL and give nearest town)	4 11
How long in above place of death? 4 Journal	City or town
Hospital, Institution, or street address where death occurred:	Street No. 18 Brown der
18 Broad flag:	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Maurey Maurey	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION about
Make White Jengle	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that i attended deceased from
6.(c) If alive, give ageyears	19. 10. 19.
7. Birth date of 0. 7 - 1901	and that I last saw h. I. M. athe & A. d. H. T
deceased (mo., day, yr.) 8. AGE: Years Months ays If less than one day	Immediais cause of death DURATION
6. AGE:	Chrome alasholsen 20 yra
7	
9. Birthplace (Jown, county, and state)	Due to
10. Usual occupation Salfange	
11. industry or business	Due to
El () - 1 () Maria	Other conditions Frank deals in gal
12. Name 12.	cell of Frostling Ind
	(Include pregnancy within 3 months of death)
14. Maiden name Spanner Stranger Strang	Major findings of operations
Z 15. Birthplace Gern Jollen	Date of op
16, Informant Ist The Istanting	Antopsy results
Address 18 Broadway Frosthery	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VIOLENCE: if death was due to external causes, fill in the following:
17. (Burial, cremation, or removal, Which?) Date theseof (month) (day) (sear)	Accident, suicide, or homicide
Gemetery or crematory St. Muliquio Course	Where did injury occur?
Location Frankling Ind	Injured at home, farm, industry, public place (where?)
(- 2 (9) (1)	Means of injury Transporting at worker og any
18. Funeral director	Deputy Medical
Address The Ming by	23. SIGNATURE TY Lemma M.D. or other
10 2-3 1047 Mus Marly N. 184	11 0 0 120
(Date rec'd by registrar) Registrar	Address

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1642

CERTIFICATE OF DEATH

0125040 Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County County	Slate Md. County Allegany	
(If outside city or town limits, write RURAL and give nearest town)	Cambon Tond Md	
How long in above place of death? 3/2 mo.	(If outside city or town limits, write KUKAL and give nea	
Hospital, institution, or street address where death occurred	Sireet No. 404v N. Center St.	
Minorial Hospital	(If rural, give LOCATION)	
How long in hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security	Number
Harry Mentzer	More	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
and white married	20. DATE OF DEATH Feb. 2 1947	. 9.22P.
The production		
6.(b) Name of husband or wife. Cifesta Aureno:	21. I CERTIFY that death occurred on the date above stated; that I attended dece	
	and that I last saw h. im Dead Feb 2	
7. Birth date of deceased (mo., day, yr.) Inha 21 1868		DURATION
8. AGE: Years Months Days if less than one day	Immediate cause of death	אטואאוטא ד ד ד
71 6 11hrsmin.	Pulmonary hemorrhage	houng
0.1'	Due to Crushed chest, several	hours
9. Birthplace	Constant of the	***************************************
10. Usual occupation Painter 1 Paper Itanger		
Don't I	window at Memorial Hospital	
11. industry or business		
12. Name Hamel Greather Gndrana	Other conditions Fractured skull & pelvi	
	(tnclude pregnancy within 3 months of desth)	
14. Maiden name Camenda Cohlento. 15. Birthplace	Major findings of operations	
15. Birthplace A Indiana	Date of op.	
16. Interment Trinch Sensalznan	Antopsy results.	
	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Address Compelland 12	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?) Date thereol (month) (day) (year)	Accident, suicide, or homicideSuicide Dale of	.2.47
	Where did injury occur? Cumberland Allegany (City or town) (County)	Md.
Cemetery or crematory responses cens	(City or town) (County) Memorial	(State) Hospital
Location Lagorner - note to market	Injured at home, farm, industry, public place (where?) Memorial	
18. Funeral director Lynno Stens Dove	Msans of injury AS above injured at work?	no
Address Complexed	H W Doming W D M-W/	202
+1 > 12 Option 10. mn		rother
(Date ree'd by registrar) (Date ree'd by registrar) (Date ree'd by registrar)	Address Cambaland M. de Date signed.	2-8/47



2411 N. Charles St., Baltimore 98 L

CERTIFICATE OF DEATH

01251

Reg. Dist. No.

18/	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
log la	County	(For newborn infants give residence of mother)
fully. The and legibly	City or lown	State County County
nd	How long In above place of death?	(If outside give or town limits, write RURAL and give nearest town)
	Hospital, Institution, or street address where death occurred:	Street No. R. 3 N. 1 Box 101
on carefully clearly and		(If rural, give LOCATION)
on	How long in hospital or institution?	2.(a) ti veteran, name war
ati	3. (a) FULL NAME (3. (b) Social Security Number
information of death cle	Daniel Edward My	iddleton 214-05-9682V
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
em of	male white married	20. DATE OF DEATH. Feh 27 1947 21 200 AM
can	6.(b) Name of husband or wife. Lettie Middleton	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
ite the		1444 19 10 Fel 27 194)
te	7. Birth date of	and that I last saw harthalive on Fell Z. 1947
ly e	deceased (mo., day, yr.) Upril 1009	Immediaic squarti death DURATION
Supply lease wri	8. AGE: Years Mortis Days If less than one day	Mr Mybeardeles seneral
Su	51 110 16min.	gears
, , 0,	5. Birthplace Trootburg allegans md	Due 10
INK ns:	(Toyn, Jounty, and atale)	
C.a.	10. Usual occupation.	Due to
ADING INK Physicians:	11. Industry or business Service Station	
PP	12. Name Clex Middleton	Dither conditions
nt.	13. Birthplace West Virginia	(Include pregnancy within 3 months of death)
WITH UNI	14. Maiden name Matilda Hoft	(Include pregnancy within 3 months of death)
WITH		Major findings of operations.
	E 15. Birthplace West Virginia.	Date of op.
H,	16. Informant	Autopsy results
NL	Address Trosthery Md.	
PLAINLY, is especially	17 Burial Date thereof Marc 1, 1924-7	22. VIOLENCE: If death was due to external causes, till in the following:
PL is e	(Burial, eremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
と と と と と と と と と と と と と と と と と と と	Cemetery or crematory. Allegany lineary	Where did injury occur?
WRITE	Location Troutilized Md	Injured at home, farm, Industry, public place (where?)
	OR 1 Dunot	Maens of Injury Injured at work?
LEASE	18. Funeral director	418 200 0 (20)
EA	Address Trastleing Mai.	23. SIGNATURE OTTICLANDE A IN
PL	1,2-28 147 my Mayer A. Mas	Enthuse mid (M. D. or other
	(Date ree'd by registrar) Registrar	Address Date signed Date signed

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

02111111011	Reg. Dist. No
1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown. Cumberland Md. (If outside city or town limits, write RURAL and give nearest town)	State Md. County Allegany
How jone in above place of death?	City or town Cumberland (If outside city or town limits write RUR at and give nearest town)
Rospital, Institution, or street address where death occurred: Allegany Hospital	Street No. 214 Spring Meek (If rural, give LOCATION)
How long in hospital or institution? 19 days	2.(a) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jacob Miller	214-07-1704
4. Sex 5. Color or race 6.(4)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	20. DATE OF DEATH Feb. 23 19. 47 , 21 9. 55A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from Feb. 2 19.47 to Feb. 23 19.47
T. Birth date of deceased (mo., day, yr.)	and that I fast saw h.im. alive on .Fe.b. 22 19. 4
8. AGE: Years Months Days If less than one day	Immediair cause of death Lobar Pneumonia 3 week
67 9 27min.	
9. Birthpiace (Town, county, and state)	Oue fo
10. Usual occupation	Due to.
11. Industry or business	
12. Name	Other conditions Chronic Myocarditis
	(Include pregnancy within 8 months of death)
14. Maiden name. Assessed Foressesses. 15. Birthptace 17. VV.	Major findings of operations.
₹ 15. Birthptace	Date of op.
16. Informant. The state of the	Autopsy results
Address months and Febr 26 1943	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) (month) (day) (lear)	Accident, sutcide, or homicide
Cemetery or crematory St. Pales Thuls On	Where did Injury occur? (City or town) (County) (State)
Location Cumbaland Md	injured at home, tarm, industry, public place (where?)
18. Funeral director Louis Stein Inc	Means of Injury Injured at work?
Address Cumbuland Md	23. SIGNATURE H. V. Deming M. D. H. V. Duning Mi
February J. D. P. frankling Told	23. SIGNATURELL.A.V.A.L.E.LL.L.I.G. M. D. or other
19. (Date rec'd by registrar)	Address Date signed 2:20 / 1/2



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2411 N. Charles St., Baltimore 934



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CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newtorn infants give residence of mother) State
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME Catricle alensine	Monolean 3.(b) Social Security Number 2/3-18-2036
4. Sex 5. Color or race 8.(a) Single, married, whowed, or diviced	MEDICAL CERTIFICATION 20. DATE OF DEATH
8.(6) Name of husband or wife. Correction 6.(c) It alive, garage 6 4 years 7. Birth date of deceased (mo., day, yr.) June 26 He. 1880	and that I last saw harm, alive on All 3 1947 Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day 5 / 2 hrs. min. 9. Birthplace (Town, county, soft seate)	Due to.
10. Usual occupation	Oue to
12. Name 12. Name 13. Sirthplage 2	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
Address B-do J Frestling	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing;
Oate thereot (month) (day) (year) Cemetery or crematory	Accident, suicide, or homicide
Location Freething, Ind.	Injured at home, tarm, Industry, public place (where?)
Address Address	23. SIGNATURE WOM Clane & M
19. 2-10 (Date rec'd by registrar) 19 47 Mug Maviey W. Kase Registrar	Address Frostfung Ind Date signed 2-10-4)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73-0 CERTIFICATE OF DEATH

8	OIDEE,
	012554
	Reg. Diat. No.

3. (b) Social Security Number

	rec
	9
	e c
(42)	트린 1

1. PLACE OF DEATH: Allegany Counly..... Cumberland (If outside city or town limits, write RURAL and give nearest town 31 Years How long in above place of death?..... Hospital, Institution, or street address where death occurred: Spring Gap (Residence) How long in hospital or institution?....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) State Maryland county Allegany

Spring Gap
(If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION)

2.(a) if veteran, name war

FOR BINDING

MARGIN RESERVED

item of i

3. (a) FULL NAME James Robert Mullenax

5 Color or race

None MEDICAL CERTIFICATION

White Married Na.le Fannie Teter 6,(b) Name of humband or wife.....

.6.(c) If alive, give age 68 years 7. Right date of 4 1878 April

6.(a) Single, married, widowed, or divorced

deceased (mo., day, pr.) If less than one day 8. AGE: 68 10

Monterey, Va.

9. Birthplace Monterey, Highland Co, Virginia (Town, county, and state) Farmer

Farming 11. Industry or business 12. Name....... Jacob Mullenax 12. Name.....

10. Usual occupetion.....

15. Birthplace

Address

Monterey, Va. Rebecca Simmons 14. Maiden name.....

16, Informant Lester Mullenax Spring Gap Maryland

2/12/47 Date thereof..... (Burial, cremation, or removal, Which?) (month) (day) (yeur) Cemetery or crematory Oldtown Cemetery

Location Oldtown, Md.

18. Funeral director William H. Kight

Cumberland. Hd. Address

Means of Injury

20. DATE OF DEATH February 9 1947 at 2-30 Pm 21. I CERIFY that death occurred on the date above stated; that t attended deceased from

Oue to.

(Include pregnancy within 3 months of death)

Major findings of operations.....

PHYSICIAN: Please underline the eause to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide.....

Where did Injury occur?(City or town) (County)

Injured at home, farm, Industry, public place (where?)

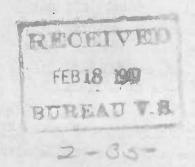
Injured at work?

23. SIGNATURE

especially

PLAINLY is especial

WRITE



ne-efrrect age

information carefully of death clearly and

PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411	N.	Charles	St.,	Baltimore	946

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7	0.7000
Reg	Diat. No. 40

. ^	a St., Baltimore 944
CERTIFICAT	E OF DEATH Reg. Diat. No. 40
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How leng in abeve place of death?	Street No. 15 9. McCharles (If rural, give LOCATION)
How long in hospital er institution?	2.(a) If veleran, name war.
3. (a) FULL NAME Randolph alow 4. Sex 5. Color organe 6. (a) Single, prartied, widowed, or diverced	3. (b) Social Security Number 212-24-1383 MEDICAL CERTIFICATION
male white Single-	20. DATE OF DEATH F S 19.47 21.16 40.P
6,(b) Name of husband or wife	21. DCERTIFY that death occurred en the date above stated; that I attended deceased from 19.4.7
7. Birth date of deceased (mo., day, yr.) 2. 1894	and that I last saw have all ye on 19.4.7. Immediate cause of death. DURATION DURATION
8. AGE: Yeere Months Days If less than one day 2 1hrsmin.	
9. Sirthplece Brunnich 2nd . (Town county, and state)	Due 10
11. Industry or business accupation Worls	Due te
12. Name Silve Orleans Mo.	Diher cenditions CVAFIANA
14. Maiden name. Anus B. Zimmersman	(Include pregnancy within 8 months of death) Major findings of operations
16. Interment Will Willest & Brognit	Autopay results
Address 20 60 a (se - Curry H) 17. Burnal, cremation, or removal, Which) (Burnal, cremation, or removal, Which)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery er cramatory The Careful Countiery	Where did injury eccur?
18, Funeral director Johns Daniel	Means of Injury Injured at work?
Address Cumbelland has	23. SIGNATURE DREALEY
19. Let 5 19 47 J. Dawklin, M. D. (Date rec'd by registrar) Registrar	Address 121 Bed Ad D Date signed 24.5/4

La francisco 115 M. michouse 115 71 Fidure 57 Make white Single of the 3 House Control of the second

PLEASE

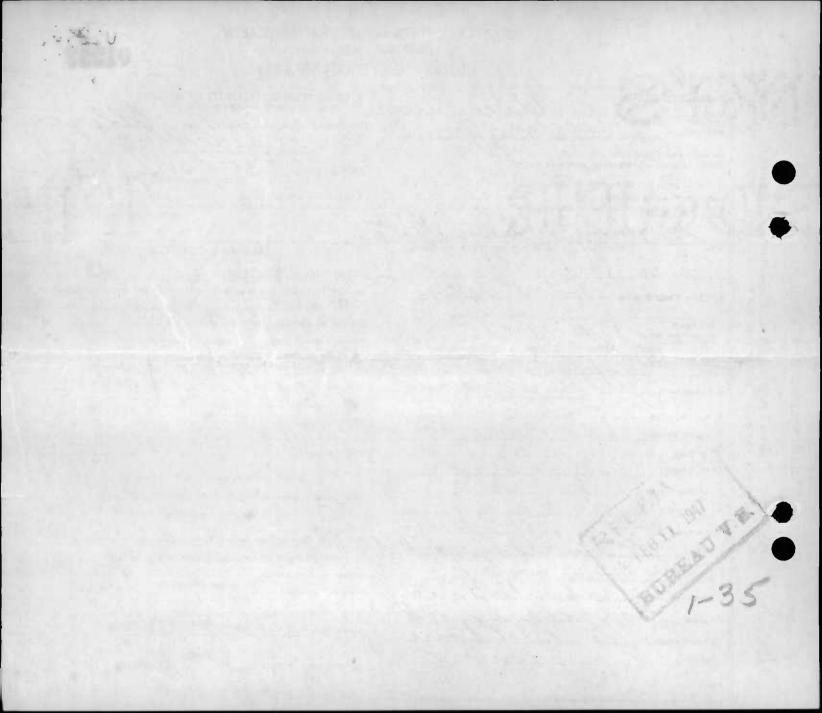
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

CERTIFICATE OF DEATH

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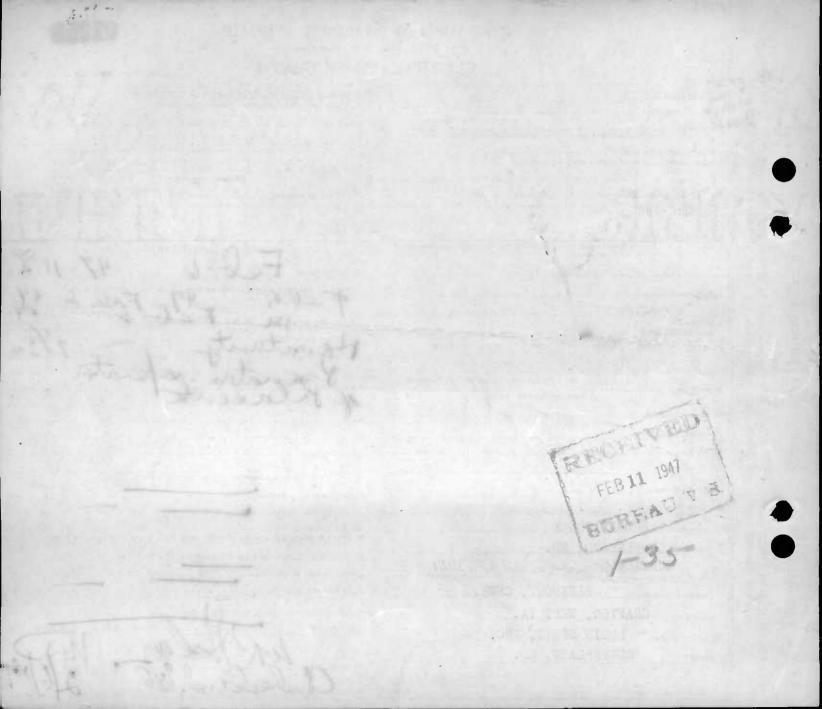
X	
1. PLACE OF DEATH: Olle aarry	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)
1 1 1 1 1 1 1 1 1 1	State Alasyland County Linguity
7 - 18 / - 1	City or town 11 City or town limit, write RURA And grysnegrest town
How long in above place of death?	Street No. 200 Portley Street
1 Cackville St.	(If rural, give LOCATION)
How tong in hospilal or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race S. (a) Single, married, wildowed, or divorced	V CONTRACTOR CONTRACTOR
Frende Shite Obidoved	MEDICAL CERTIFICATION 20. DATE DF DEATH FL. 3 19.47 21 7 P. N
6.(b) Name of hyapand camillo falent Elatton	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	19. 47, to 19.47
7. Birth date of deceased (mo., day, yr.) Filb 14, 1855	and that I last saw have alive on the last saw have alive of the last saw have alive on the last saw have alive on the last saw have alive of the last saw h
8. AGE: Yeers Months Days If less than one day	Immediate cause of death
9/ // 9hrsmin.	
9. Birthplace akkhall Scotland	Due to
10. Usual occupetion The County, and states	
11. Industry or Dusiness 3WN - NNML	Due to
	Diher conditions
12. Name June June 13. Birtholace Septh and	
14. Maiden name Ola Agranowa 15. Birthpiace Cuttana	(Include pregnancy within 3 months of death)
15. Birthplace Continue	Major findings of operations
16. Informant MASA BLASIL Cilleck	Antopsy results.
Address & maconina Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
19 Un Tall-1 1010	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Whieh?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory, Ana Della Carnelly	Where did Injury occur?
Location Lancesurg, Ind	tnjured at home, farm, Industry, public place (where?)
18. Funeral director	Means of injury trijured at work?
Address Longoning Md	23. SIGNATURE Jelmy to .) Loolegan M LU-
Let 6 147 Jannettim Book	M. D. or other
(Date rec'd by registrar) Registrar	Address dovalous Date signed the S



MARYLAND STATE DEPARTMENT OF HEALTH

01258

/ nobdes		TE OF DEATH Reg. Dist. No4
City or town	MARYLAND • its, write RURAL and give nearest town) ath occurred: HOSPITAL DAYS	State MARYLAND County ALLEGANY City or town CUMBERLAND, MARYLAND, (If outside city or town limits, write RURAL and give nearest town) Street No. L1 SOUTH WAVERLY TERRACE (If rural, give LOCATION)
BABY BOY PE	NCE	Mone
MALE WHITE	SINGLE	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. 19. 4 7. 21. 11.
7. Birth data of deceased (mo., dey. yr.) 8. AGE: Yeara Months 2 DAYS FEB. 9. Birthplace CUMBERIAND (Town, co.)	Days It less than one day	and that I last saw h. D. alive on
11. Industry or business 12. Name ROBERT PENC VALUE OKLAHOM 13. Birthplace ADA WHIT	E	Due To. Dither conditions. (Include pregnancy within 3 months of death)
15. Birthplace W. VA.	3	Major findings of operations
BURIAL (Burial, cremation, or removal, Which?) Cemetery or crematory	Pate thereof 2/7/1947 (month) (day) (year) MONT, CEME.	Injured at home, farm, Industry, public place (where?)
Address CUMBERLANI	- 0 / 4 4 4	un Hodges M



orrect age

R. R. WILLIAMS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N.	Charles St.	, Balti	more	131-0
CERTIFI	CATE	OF	DE.	ATH

Reg. Diet. No...

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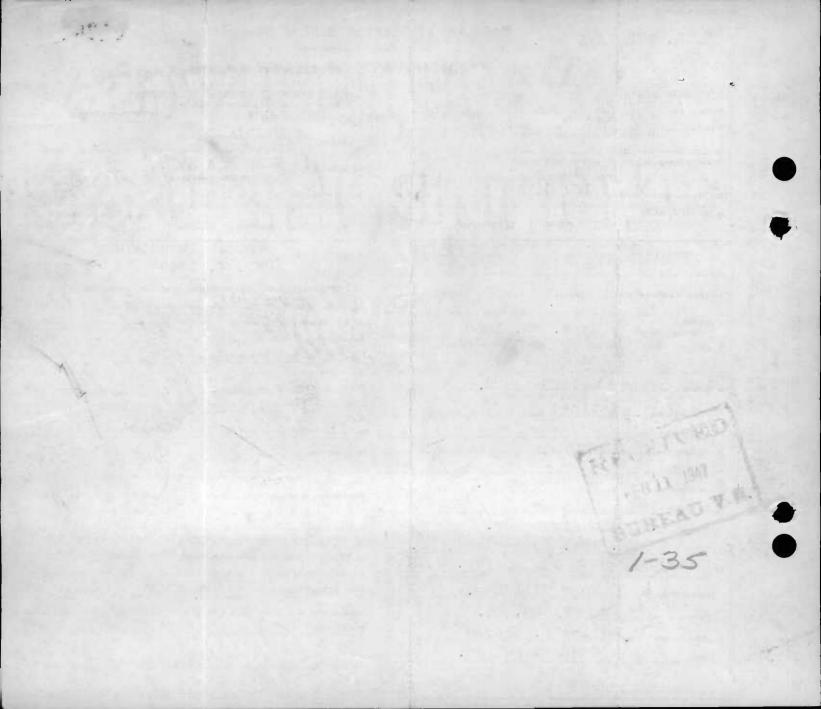
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5	4				
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1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) MARYLAND County CUMBERIAND City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 48 VIRGINIA AVE., (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
EMMA. VIRGINIA PIERCE	None
4. Sex FEMALE WHITE SINGLE	MEDICAL CERTIFICATION 20. DATE OF DEATH. FEB. 4, 1947 19. 22:20P
6,(b) Name of hueband er wita	21. I CERTIFY that death occurred on the date ebove stated; that I attended deceaped from
7. Birth data of Canata 97 1 050	Dec 28, 46 19, 10 Fel 4, 1/19
7. Birth data of deceased (mo., day, yr.) Sept. 23, 1858	and that I last saw halive on19
8. AGE: Yeere Months Days It less than one day	Immediate and of death DURATION
88 4 11min.	
9. 6irthplace	Due to
11. Industry or buelneee 12. Name JOHN PIERCE 13. Birthplace Unknown	Dther conditions Red 32
A MILLER OF THE PARTY OF THE PA	(Include pregnancy within 3 months of death)
14. Maiden name. Unknown 15. Birthplace Unknown	Major findings of operations.
16. Informant J. Lewis Pierce Jr.	Antopay results.
Address 42 Va. Ave. Cumberland, Md.	PHYSICIAN: Please underline the cause to which death should be charged stotistically.
Burial Burial Date fhereof Feb. 7,1947 (Burial, eremation, or removal, Whieh?) Date fhereof Feb. 7,1947 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
ouncies, of oronatory	
Location Cumberland, Md.	Injured at home, farm, Industry, public place (where?)
1B. Funeral director Charles L. George Address Cumberland, Md.	AHIBI Marine MAD
19. Och 7 (Date ree'd by registror) 18 47 Joseph O Double Med Segistrar	Address Date signed 2/6/4

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and l MARGIN RESERVED FOR BINDING

WRITE

PLEASE



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3/2)

CERTIFICATE OF DEATH

01260

4			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	State Maryland County Allegany		
City or town McCOOla (If outside city or town limits, write RURAL and give nearest town)	Cily or fown MCCOOLe (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 25 years			
Hospital, Institution, or street address where death occurred:	Street No. P.O. Address, Keyser, W. Va. (if rurni, give LOCATION)		
How long in hospital or institution?	2.(d) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Mary Anna Pugh			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widowed	20. DATE OF DEATH Feb. 8th. 19 47 .9:45A.		
6.(6) Name of husband or wife Wade Hampton Pugh	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
Died 1933 6.(c) It alive, give age years	7.6 3 19.47 to 1.6 5 19.47		
7. Birth date of deceased (mo., day, yr.) Oct. 24, 1889	and that I last saw h eg alive on 2444 8 1947		
8. AGE: Years Months Days If less than one day	Immediais cause of death		
57 3 14hrsmin.	dessiplean life 5 duys		
9. Birthplace Jennersville, Chester Co. Pa. (Town, county, and atate)	Due to Augustinated 8 2200		
1D. Usual occupation Housewife	Due to refresheaters character 2634		
11, industry or business	Due to		
	Other conditions.		
12. Name Frank Pierce Hood 13. Birthplace Indiana			
# 14. Malden name Margaret Simmers	(Include pregnancy within 3 months of death)		
14. Maiden name Margaret Simmers 15. Birthplace York Co. Pa. 16. Informant Stella P. Fazenbaker	Major findings of operations		
15. Birthplace YORK CO. Pa.	Date of op.		
16. Informant Stella P. Fazenbaker	Antopsy results		
Address Rantoul, Ill.			
17. Burial Burial Date thereot 2-11-47 (month) (day) (year)	22. VIOLENCE: if death was due to external causes, fill in the tollowing; Accident, suicide, or homicide		
Cemetery or crematory Queenspoint	Where did Injury Occur?		
Location Keyser, W.Va.	Injured at home, tarm, Industry, public place (where?)		
18. Funeral director N.J. Rogers Funeral Directors	Means of Injury Injured at work?		
Address Keyser, W.Va.	22 CICHAYIDE J CHILDSON M.		
24 1147 allandalla Bar Mrs	M. D. or other		
19. (Date rec'd by registrar) Registrar	Address Russel W Date signed Like 9 4 7		



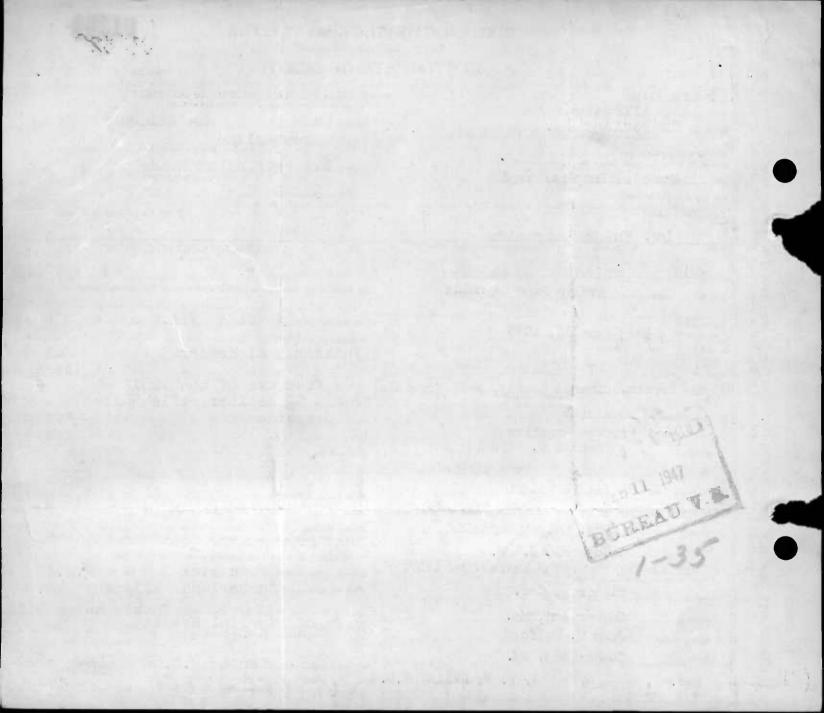
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 140

1. PLACE OF DEA	TH:		2. USUAL RESID	ENCE (HOME) OF I	ECEASED:	
County	llegany			infants give residence of mo		
City or town. Cumberland Md. (If outside city or town limits, write RURAL and give nearest town)			State M.C.	state Md county Allegany		
			City or town	mberland outside city or town limits, v	mite PIIPAI, and give nea	most town)
How long in above place Hospital, Institution, or		eath occurred:		Buckingham		
		tal Yard	Street No. S. A	(If rural, give LC	CATION)	
			44	war		
3. (a) FULL NAME					3. (b) Social Security	Number
Dr.	Knight.	Revnolds			Slove	
4. Sex	5. Color or race	Reynolds 6.(a)Single, married, widowed, or divorced		MEDICAL CER	TIFICATION	about
male	white	married	20 DATE OF DEATH	Feb. 5	10 17	
				ath occurred on the date above		Company of the Compan
6.(b) Name of husband	or wife Evely	n Bang Reynolds		19		
7 Black date of	***************************************		ears and that I last saw h	im Dead F		
deceased (mo., day, y	June 2	4, 1899		death		
8. AGE: Years	Months	Days If less than one day	Intercra	ainal hemor	hage	a.t.
47	7	11hrs.	min			
	er. Minera	1 County West Virgin		cture of the		
			from a 2	2 caliber r		
	-	L		ondency		
11. Industry or business	Private P	ractice		······································	***************************************	vears
E 12. Name	Franci	s C. Reynolds	Other conditions	***************************************		
13. Birthpiace		West Virginia				
-41		Knight	(Inc	lude pregnancy within 3 mor	ths of death)	
				eratious		
15. Birthplace		West Virginia				
16. informant	Mrs. K	night Reynolds	Actopsy results	underline the cause to which	death shoold be charged	statistically.
Address	Cumber	land, Md.				-
17 Burial			22. VIOLENCE: If d	eath was due to external causes homicideSuicide		5 17
(Burial, cremation,	or removal. Which?)	(month) (day) (year)	Accident, Suicide, or			
Cemetery or cremato	, Hillcres	C Cent.		ur? Cumberland		
Location	Cumberla	ind, Md.	Injured at home, farm	, Industry, public place (when	n In his au	tomobil
1B. Funeral director			Meens of Thjurs 5	Memorial Hot himself	DSP fnjored at work?	
	Cumberla		Dobath	BIOGRAFI WEEK		egany o
		J. P. Franklin, M.	23. SIGNATUREH.	V.Deming M.	D. 4. 0. 20 w	or other
mah m	1.7	J. P. Franklin. M.	0.	Enland, n		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
	2.(a) If veteran, name war		
3. (a) FULL NAME Arthur Rizer 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3.(b) Social Security Number 217-05-6552		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Marries	20. DATE OF DEATH		
6.(6) Name of husband or wife Pearl Mason Rizer	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of	and that I last saw h im ally Dead Feb 11 19.47		
deceased (mo., day, yr.) 8 AGF- Years Months Days Irless than one day	Immediai- caose of death. DURATION		
8. AGE: Years Months Days Iffess than one day	Cardiac dilatation at		
53 5 I3hrsmln.	once		
9. BirthplaceFrostburgMd. county, and state) 10. Usual occupationLaborer	Due to Bronchial As thma About two years Due to		
H 12. Name	Dther conditions		
2 13. Birthplace Frostburg, Md.	(Include pregnancy within 3 months of death)		
# 14. Maiden name Sarah Williams	Major fiedings of operations		
14. Maiden name Sarah Williams 15. Birthplace Mt. Savage, Md.			
≥ 15. Birthplace	Date of op.		
16. Informant Mrs. Arthur Rizer Md. Address Morantown, R. D. No'2 Frostbu	Autopsy results PHYSICIAN: Please ooderline the cause to which death should be charged statistically.		
Address Worantown, R. D. No 2 Frostou Burial Gurial, cremation, or remaining the state of the	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Location Frostburg, Md.	Injured at home, farm, Industry, public place (where?)		
	Means of Injury Injured at work?		
1B. Funeral director	Deputy Medical Examiner - Allegaty		
19. 2-12 (Date rec'd by registrar) 19. 4) Mus Maucy N. File Registra	23. SIGNATUREH. V. Deming. M. D. H. M. D. or other I. Address		

FEB 15 19W BUREAU V.M. William Conjunction MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore /4-70 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) City or town .. (If outside city or town limits, write RURAL and give nearest How long in above place of death?.. Hospital, institution, or street address where death occurred: (If rural, give LOCATION) 2.(a) it veteran, name war..... How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number informa MEDICAL CERTIFICATION causes BINDING 2D. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; .6.(c) If alive, give age years FOR 7. Birth date of deceased (mo., day, yr.) DURATION Immediate cause of death it less than one day Days 8. AGE: MARGIN RESERVED 30 min. 10. Usual occupation 11. Industry or business mportant. 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden name Major findings of operations ... 15. Birthplace PLAINLY, is especially HYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing; Date thereof. Accident, suicide, or homicide,..... (daz) Where did injury occur? TE (County) (City or town) injured at home, tarm, industry, public place (where?) injured at work? Means of injury PLEASE

Greenward Herberton Book on Could Lakendt France wester Single A 1112 14 FYPIC Jat Mennethenelfler, puy (2) hed. water of the state of THE STED

CERTIFICAT	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: allegary	2. USUAL RESIDENCE (HOME) OF DE	CEASED:
City or town (If outside city or town limbts, write RUKAL ship give nearest town)	State State County	allegary
How long in above place of death?	Street No. 14 Jacks	ite RURAL shi kive nearest town)
How long in hospital or institution	2.(a) If veteran, name war	ATION)
3. (a) FULL NAME	3	3. (b) Social Security Number
4. Sex 5. Folor or race 6.(a) Single, married, widewed, or divorced to the state of	MEDICAL CERT	rification
6.(6) Name of humband or wife alsaac Seggie	21. I CERTIFY that death occurred on the date above sta	ated; that I attended deceased from
T. Birth date of deceased (mo., day, pr.) Surel 6, 880	and that I last saw holealive on	4 15 19.4.7
8. AGE: Years Months Days If less than one day hrs. min.	Immediais cause of death.	OURATION
9. Birthplace Con acoming all gary of the	Weig	
10. Usual occupation	Oue fo	
E 12. Home Charles Ross	Other conditions.	
14. Maiden name Lanet Stevenson 15. Birthpiace Scotland	(Include pregnancy within 3 month	hs of death)
15. Birthpiace Scotland		
Address Anaconing Add.	Antopsy results	death should be charged statistically.
17. Burial, cremation, or removal. Whigh?) (Burial, cremation, or removal. Whigh?)	, 22. VIOLENCE: If death was due to external causes, Accident, suicide, or homicide	Oate of
Cemetery or crematory A. A. Hill Charllery	Where did injury occur?(City or town) Injured at home, farm, industry, public place (where?	
18. Funeral director.	Means of Injury	Injured at work?
Address Long Mag	B3. SIGNATURE 14 14 14 14	M. D. or other
(Date rec'd by registrar)	Address Lancoung M	Date signed Flb. 5 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cases of death clearly and legibly. MARGIN RESERVED FOR BINDING 9-45-15M VS A15

correct age



DR. W.F. WILLIAMS

correct age

UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly

PLEASE WRITE PLAINLY, WITH UNF is especially important.

FOR BINDING

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bia



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CERTIFICATE OF DEATH

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	Keg. Ditt. IVO.			
1. PLACE OF DEATH: CountyALLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
CUMBERIAND (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: MEMORIAL HOSPITAL How long in hospital or institution? 14 DAYS	State c MARYIAND County ALLEGANY City or town LONA CONNING (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) if veteran, name war.			
3. (a) FULL NAME	3. (b) Social Security Number			
MR. FRED R. SLOAN	mare!			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
MALE WHITE MARRIED	20. DATE DF DEATH FEBRUARY 16			
6.(b) Name of husband or wita MARGARET BELL	21. I CEREPT that death occurred on the date above stated: that I attended deceased from			
7. Birth data of deceased (mo., day, yr.) AUGUST 3, 1883	and that I last saw h similize on 2 19.4			
8. AGE: Years Months Days If less than one day	Immedia Tuse of death			
\$ 63 6 /3hrsmin.	and the state of t			
9. Birthplace MARYLAND (Town, county, and state)	Due to Rual Oliveras			
10. Usual occupation RETIRED MERCHANT	Due to rema			
11. Industry or business				
12. Name JAMRS M. SLOAN 13. Birthplace MARYLAND	Dther conditions			
	(Include pregnancy within 3 months of death)			
14. Malden name ELLA FREDERICK PENNSYLVANIA	Major findings of operations.			
	Date of op.			
16. Intermant. MEMORIAL HOSPITAL	Autopsy results			
Address CUMBERIAND, MD. 17 Burial Bate thereof Feb. 19.1947	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, or removal, Which?) Baie thereof	Accident, suicide, or homicide			
Cemetery or crematory	Whera did injury Occur?			
Location Touchoning, Md	Injured at home, farm, Industry, public place (where?)			
18. Funeral director	Msans of Injury finjured at work?			
Address Longconing, Md.	JV. F. / filliams			
10 Feb. 19 1047 S. F. Franklin, M. A	23. SIGNATURE M. December			
(Date rec'd by registrar) Registrar	Address tull Date signed 711/14			

Mil.

25 1947 2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (64)

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Allegany City or town Cumberland Md.	State Md. County Allegany			
(If outside city or town limits, write RURAL and give nearest town)				
How long in above place of death?	City or tow R. F. D. 3 Mt. Pleasant Road (If outside city of lown limits, frite RUPAL and give nearest town)			
Allegany Hospital	Sireet No. Alas (If rural, give LOCATION)			
How long In hospital or Institution? Expired when admitted.	2.(a) If veteran, name war. War I.			
3. (a) FULL NAME	3. (b) Social Security Number			
Charles Spencer Slonaker 4. Sez 5. Color or race 6.(a) Single, married, widowed, or divorced	216-18-1673			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
male White Married	20. DATE DF DEATH Feb. 22 19.47 219.15P.M			
8.(6) Name of husband or wife The +4 Conway Slonalies	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
7. Birth date of	and that flast saw h im ally Dead Feb. 22 19 47			
deceased (mo., day, yr.) August 30, 1892	Immediate cause of death			
8. AGE: Years Months Days It less than one day	Pulmonary hemorrhage 1-3/1 hr			
54 5 22min.				
9. Birthplace White hall Vications (Town, county, and state)	Due iShot self with a 12 gauge			
10. Usual occupation Brakeman	shotgun, left side of chest			
	Due to despondency			
11. Industry or business Ba O TPT				
12. Name James T. Slonaker 13. Birthplace Ganotown, W. Va.	Diher conditions			
14. Maiden name Long Belle De Haven 15. Birthplace De Haven, Virginia	(Include pregnancy within 3 months of death)			
15. Birthplace De Haven, Virginia	Majnr findings of operations.			
16. Informant Mr. S. Dansuc I Clark	Date of op.			
, , , , ,	Antopsy results			
Address Pt. Z, Cumberland, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;			
(Burial, eremation, or removal. Which?) Date thereof FEDYMANY 25.1947. (month) Jay) Fear)	Accident, suicide, or homicideSuicide 0ate of Feb. 22/47			
Cemetery or crematory Union Grave Cometery	Where did injury occur? home Allegany Md. near Cumbertand (County) (State)			
Location Mason Pond, Cumberland, Md.	Injured at home, farm, industry, public place (where?)			
18. Funeral director fokes As Africa	Means of injury as above injured at work?			
Address Cochanlandand Tuch				
	23. SIGNATURE H. V. Deming M. D. A. D. M. D. or other			
19. Fel: 25, 1947 X. T. Sranklin, MA	Control me 22 her			

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH ONF is especially important.

PLEASE

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The correct age

information carefully of death clearly and l

PLAINLY, WITH UNFADING TARE. Supply every item of is especially important. Physicians: please write the causes

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FOR BINDING

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (133-6)

CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State PENNA . County SOMERSET
City or town	City or town. MEYERSDALE (if outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town) Street No
MEMORIAL Haspital	(If rural, give LOCATION)
How long in hospital or Institution? 8 DAYS	2.(a) If veteran, name war.
3.(a) FULL NAME ETHEL SMITH	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION NOO
FEMALE WHITE MARRIED	20. DATE OF DEATH. FAB. 22. 147. at 12500
6,(b) Name of huaband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) March 14, 1924	and that I last saw her alive on 7-22-4]
8. AGE: Years Months Days If less than one day 2 2 85 // 8	Immediate cause of death DURATION
9. Sirthplace PENNA . (Town, county, and state)	Due to play to
10. Usual occupation.	Due to
11. Industry or business 12. Name WILLIAM CHRISSEY	Dther conditions.
E 12. NameWILLIAM CHRISSEY 13. Birthplace PENNA	
14. Maiden name. EDITH SMITH 15. Birthplace PENNA.	(Include pregnancy within 3 months of feath) Major findings of operations.
15. Birthplace PENNA.	0/ to Muly Date of op. 2-22- 1412
16. Informant Light Louislie	Autopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Meyersdale Fa	22. VIOLENCE: If death was due to external causes, fill in the following;
17 (Burial, cremation, or remove), Winch?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory of fleef with alle	Where did injury occur?
Location Military Cullists	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Maena of Injury Injuryad at work?
Address Meyers gave Od	23. SIGNATURE M. D. or etter
19 (Date ree'd by registrar) L. T. Marklin M. D. Registrar	Address Cumberland md Date signed 2-22-4

FFF 25 1947
BUTTON B



Within corporate limits MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH DR HODGES Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) County ALLEGANY StateMARYLAND COMOY ALLEGANY City or town ... CUMBERIAND. How long in above place of death? 9 MINUTES Hospital, institution, or street address where death occurred: #5 CRESAP PARK, BOX 148
(If rural, give LOCATION) clearly MEMORIAL HOSPITAL 2.(a) If veteran, name war 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION FOR BINDING MALE WHITE SINGLE 20, DATE OF DEATH. FEBRUARY 20 19.47 at 5:30PM 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or wife..... 7. Birth dats of and that I last saw hishad ... a live on Supply e 20.1947 deceased (mo., day, yr.) DURATION Immediaid cause of death 8. AGE: Days It less than one day VED 9. Birlhplace CUMBERLAND ALLEGANY CO MD (Town, county, and atote) 10. Usual occupation..... MARGIN 11. Industry or business 12. Name.... \$ 13. Birthplace MARYLAND (Include pregnoncy within 3 months of death) VAUDA MCDONALD 14. Maiden name...... Major findings of operations..... 15. Birthplace MEMORIAL HOSPITAL 16 Interment PHYSICIAN: Please ooderline the caose to which death should be charged statistically. CUMBERLAND. MD. Address 22. VIOLENCE: It death was due to external causes, till in the tollowing; PLAI 17. CREMATION
(Burial, cremation, or removel. Which?) Date thereof FEB. 22 4' Accident, suicide, or homicide..... Where did Injury occur? WRITE Cemetery or crematory MEMORTAL HOSPITAL Location CUMBERLANDO MD. Injured at home, farm, Industry, public place (where?) tnjured at work? Means of Injury PLEASE

23. SIGNATURE



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1. PLACE OF DEATH:

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

01276

County ALLEGANY	(For newborn infants give residence of mother)			
	State MARYLAND County ALL GANY			
City or townCUMBER LAND (If outside city or town limits, write RURAL and give nearest town)	CUMBERLAND			
How long in above place of death? 62 years	City or town. CUMBERIAN D (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred:	Street No. 211 CENTRAL AVE.			
MEMORIAL HOSPITAL	(If rural, give LOCATION)			
How long in hospital or institution? 32 DAYS	2.(a) If veteran, name war.			
3. (a) FULL NAME	3.(b) Social Security Number			
MRS. ANNA TRIEBER Sarah Ann Tr	eiber Thui			
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
	A			
FEMALE WHITE MARRIED	20. DATE OF DEATH FEB. 28 1947 at 9:05 M			
S.(6) Name of husband or wite JOHN J. TRIEBER				
5.(o) Name of huebend or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19			
7. Birth date of 5/2 / Gry				
7. Birth date of deceased (mo., day, yr.,5/13/77	10/226			
8. AGE: Years Months Days If less than one day	Immediais cause of death A Country OURATION			
o. Add.	reaufficeribles/			
69 9 15min	(sellows			
MARYLAND Language				
9. Birthpiace MARY IAND Lana conting (Town, county, and state)	Due to.			
10. Usual occupation HOUSE WIFE	WIA LANGE TO THE RELIEF TO THE			
10. USUAL OCCUPATION	Due to			
11. Industry or business	for un cause cours			
E 12. Name RUSHTON, GEORGE	the reditional of the trade of			
El TOTAL AND TO	tragation of trule			
	(Include pregnand within 3 months of death)			
14. Maiden name EVANS., MARION 15. Birthplace WALES	Major findings of operation your Obstueleon			
15 Rirthniage WALES				
	- Date of op.			
16. Informant MEMORIAL HOSPITAL	Autopsy results			
	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Address CUMBERLAND, MARYLAND	22. VIOLENCE: It death was due to external causes, till in the tollowing:			
(Burial, cremation, or removal, Which?) Date thereof 1/2/6/2 3, 1.447. (month) (ddy) (year)	Accident, suicide, or homicide			
Cemetery or crematory Greenmount Cemetery	Where did Injury occur?			
Location Cumberland, Md.	Injured al home, farm, Industry, public place (where?)			
Location Callet Sept 197				
18. Funeral director for his Ja Hofee	Means of Injury tnjured at work?			
	10 Al March			
Address Enterthilland, tyld.	23. SIGNATURE CONTROL			
March 1 H7 I trankli M. A	M. D. or other			
(Date rec'd by registrar) 19. (Date rec'd by registrar) Registrar	Address unto Mid. Date signed 3-1			

PARIA 1941 HUMBAU P.S. 1-352411 N. Charles St., Baltimore (33 a)

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fornewborn infants give residence of mother)
County	Mar land Allanaus
City or town	State County County
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred	
Muers Hispital	Street No
How long in hospital or institution? 2 days	2.(a) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Julia Villa	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Thusle white married	2D. DATE OF DEATH FER 9 19.42 at 5
0.4. 7/:00-	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife.	Let 4 194 194
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
7. Birth date of deceased (mo., day, yr.) Terruary 18, 1885	and that I last saw hell alive on 19.5
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
61 11 28hrsmin.	(Broneho//neumonia 2 Acey
Quatrice The season	
9. Birthpiace(Town, county, and state)	Due to
10. Usual occupation housewife	Em fulnati 5 Nau
15. 53461 5644	Due to
11. Industry or business	
12. Name	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Eva Kerchk 15. Birthplace Qustria	Major findings of operations.
15. Birthplace a Custrial	Date of op.
16. informant John Villa	Antopsy results.
F.bl. Ind	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address CRAW M.	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) Date thereof Thursday (mosth) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location Industry Indu	Injured at home, farm, industry, public place (where?)
18. Funeral director Q. Q. Durst	Means of Injury Injured at work?
2 /4/ 201	who come of the
Address Shotelling Ma.	23. SIGNATURE M. D. Grother
19.2-11 1947 New Hauly N- Fas	Fi and 1. 47
(Date rec'd by registrar) Registrar	Address Date signed

ARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH-UNFADING INK. Supply every item of is especially important. Physicians: please write the causes

information carefully. The correl of death clearly and legibly

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information carefully of death clearly and

PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (832)

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Reg. Dist. No.

1. PLACE OF DEATH: County Allegany				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)			
Cumberland				State West Virginia	State West Virginia County Pennelton		
City or towe				.			
How long in above place	of death?	2 Day	<u> </u>	City or town Riverto	limits, write RURAL and give n	earest town)	
Hospital, institution, or	street address where	death occurred	:	Street No			
			ital	(If rural	l, give LOCATION)	./	
How long in hospital or	Institution?	2 Da	ys	2.(a) If veteran, name war		V	
3. (a) FULL NAMI	3				3. (b) Social Securit	y Number	
	Blanc	he War	ner		None		
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL	L CERTIFICATION		
Female	White		Single	20. DATE OF DEATHFebr	uary 6 19.47		
				21. I CERTIFY that death occurred on the da	ate above stated; that Lattended de	ceased trom	
5.(0) Name of humand	or wite		***************************************	3 /	19 47 to teluns	- 6 19 47	
7. Rirth date of	••••••	6.(c) It alive, give ageyea	and that I last saw halive on	Fedura 6	19.8.5	
deceased (mo., day, p	r.) Aug	rust 14	_1884	Immediate cause of death			
8. AGE: Years	Months	Days	If less than one day	oppolection	glinke	5 dos	
62	5	22	hrsml	n.	0		
9. BirthplaceRi	verton Per	nelton	Co. West Va	Due to actual 1	ryperteurs	10 years	
1D. Usuat occupation					***************************************		
				Due to			
11. Industry or busines:		¥2.7				****	
H 12. Name W. P. Warner L 13. Sirthplace Riverton, W. Va.				Other conditions		***************************************	
	River			(Include pregnancy with	hin 8 months of death)		
当 14. Maiden name.	Anise	Thomp	son	Major findings of operations			
15. Birthplace	Rivert	on. W.	Va.	Major nudings of sperations.			
				Autopsy results	to which death should be charge	d statistically.	
Address Rt	5. Cumber]	land, N	id.	22. VIOLENCE: If death was due to extern			
17. B. U	rial	Date there	ot 2/9/47 (month) (day) (year)	Accident, suicide, or homicide			
(Burial, cremation	, or removal. Which?)	//	(month) (day) (year)				
1			etery				
Location Riverton, W. Va.				Injured at home, tarm, Industry, public pla			
18. Funeral director F. R. Brown				Means of injury	Injured at work?)	
Address	Franklin,	W. Va.			Brings M		
- 1			1000 11 h	23. SIGNATURE	м г	, or other	
19. (Date rec'd by registrar) (Date rec'd by registrar) Registrar				Address J& Heene 8/	Date signer	2-7-47	



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

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Dist.	No.	

age	2411 N. Charle	ea St., Baltimore 92.0/
rect	CERTIFICAT	TE OF DEATH Reg. Dist. No. 4
9	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant give residence of mother)
y. 'I ii	City or town. (If outside city or town limits, write RORAL and give nearest town)	State County Charles County Co
carefull arly and	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No. 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
on can	How long in hospital or institution? 3 4 2	(If rural, give to CATION) 2.(a) if veteran, name war. Would Way I
nformatic of death o	3. (a) FULL NAME James Russell 4	3. (b) Social Security Number
of of	4. Sez 5. Color race 6.(a) Single, married, widowed, or flyorced	MEDICAL CERTIFICATION
n of uses	male white married	2D. DATE OF DEATH. Fel- 24 19 47 21 8155 P.
ry iter the ca	6.(b) Name of husband or wife. Mary Meagher	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
y eve	7. Birth date of deceased (mo., day, yr.) Morch 4, 1897	and that I last saw h. 18.4.2. alive on
Supply	8. AGE: Years Months Days If less than ooe day 4-9 // 20hrsmin.	aux Sugararded Jacline 2 Hours
Sa	9. Birthplace. Cumberland alley any Co Mid	Due to Hyplatica Command
IG I	1D. Usual occupation. Broken	Darke Stewar Curty
ADIA	11. Industry or business 1.3. * Carlos d	Other conditions my according fleching
UNF ant.	13. Birthplace Cumberland 2nd.	(Include pregnancy within 3 months of death)
rTH	14. Maiden name	Major findings of operations
Y, W	16. Informant Leurs R. Williams	Autopsy results Saule — Date of op.
AINLY	Address 511 Laurena and Turk heef	PHYSICIAN: Please underline the cause to which death should be charged statistically.
H -	(Burial, cremation, or removal. Which?) Bate thereof. 27, 1947. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
TE P	Cemetery or crematory. Green mount Cometory	Where did injury occur?
VRI	Location Company Land, Md.	injured at home, farm, industry, public place (where?)
SEW	18. Funeral director	Means of Injury Injured at work?
PLEA	19. Feb. 2-7 18 4-7 Jet. Franklin, M. D.	23. SIGNATURE CELLULY JACOB M. D. or white

James British NO CONTRACT OF THE B of sales I see I Inter the Pt 511 tour come to a TOTAL WILL I James Linesell Williams haineyer at the elegation Fel 24 The Thirty I won Much 4 Combadound alle of to the B. + C. R. Cool Some was the said RECEVED MAR, 4 190 113 BUREAU VA 2-35

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

WRITE

PLEASE

FOR BINDING

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94 (1)

CERTIFICATE OF DEATH

14	11274
4	11274 Reg. Dist. No. 4

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Reg.	Dist.	No		4	·····
CEACE	D .		_	-	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County City or lowo (If outside city or town limits, write RURAL and give nearest town)	state ZMA County allegans
How long in above place of death?	City or town
Hospital institution, or etreet address where death occurred:	
Kouto 3 Cumberland	Street No. (If rural, give LOCATION)
How long to hospital or institution?	2.(a) lf veteran, náme war
3. (a) FULL NAME	3. (b) Social Security Number
Starry Hoyle ze	mbower 217-10-6729
4. Sex S. Color or race S. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Wale While married	20. DATE OF DEATH. 7-01-15 19 47 at 7:30/2 M
6.(6) Name of husband or wife alice Wentling	21. I CERTIFY that death occurred on the dale above stated: That I altended decased from
	Sept 1946 10 7 et 1946
7. Birth date of	and that Vist ear harm alive on 7 - 5 15 18 17
deceased (mo., day, pr.) \an 20, 1889	Immediair cause of daath
8. AGE: Yeere Bonths Days If less than one day	
58 0 25nrs. min.	Cenaina Pechoico
9. Birthplace Badford Valley Badford C. P.	Due to
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
11. Industry or business Kelly Springlis Vol Fire C.	Due to
E 12. Name See See See See See See See See See S	Dther conditions
13. Birthplace	(Include pregnancy within 3 months of death)
E 14. Malden name Dirigie (tresser)	Major findings of operations
15. Birthplace	Date of op.
16. Informant Mrs. J. D. Zembower	Autopsy results
10 Has 10 1 1 7 al	PHYSICIAN: Please underline the cause to which desth should he charged statistically.
Address Roule 3, Cumberland, McA	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof. (month) (pay) (year)	Accident, suicide, or homicide
Cemetery or crematory O. S. J.C. Censellery	Where did Injury occur?
Location Centerville Ta	tnjured at home, farm, industry, public place (where?)
18. Funeral director John J. Hafer	Means of Injury Injured at work?
Address Churlell and "MA.	of Bellett of
+1 12 112 11 Pt 11. XX	23. SIGNATURE
(Date rec'd by registrar)	Address Claster and M. Date signed 17/47

Contractor party ANTE LEVEL ST the first Committee and There they the fundaments The state of the s 100 TH TO NOT Bay a Takey Befor C. E. ENGRITHD) FEE 25 1947